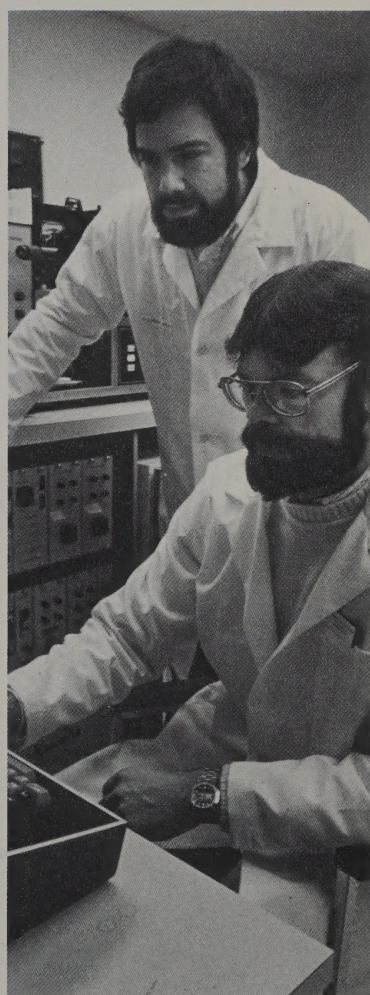
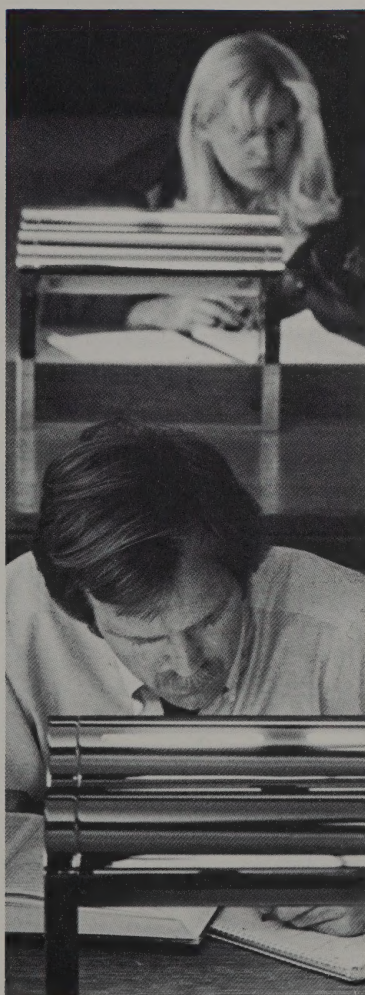
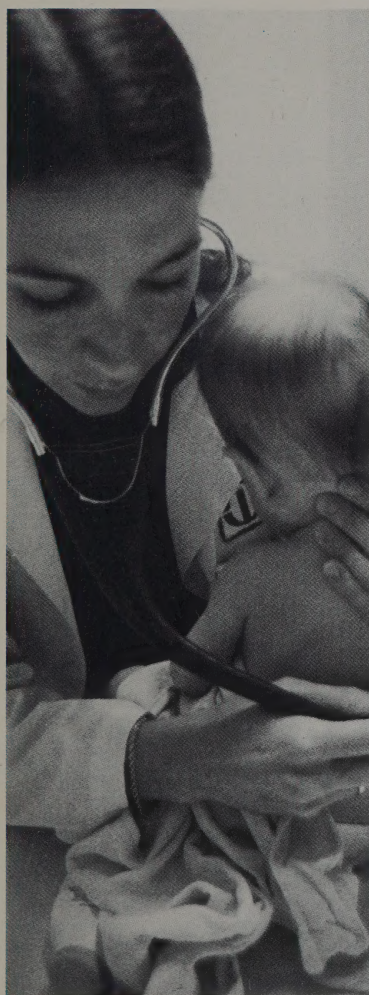


RUSH-PRESBYTERIAN-ST. LUKE'S MEDICAL CENTER

Graduate Medical Education
1987-89



Rush University
Presbyterian-St. Luke's Hospital

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1987-89

Graduate Medical Education

**Rush-Presbyterian-St. Luke's
Medical Center**



**Rush University
Rush-Presbyterian-St. Luke's Medical Center**

**Office of Graduate Medical Education
Rush-Presbyterian-St. Luke's Medical Center
600 South Paulina Street
Chicago, Illinois 60612**

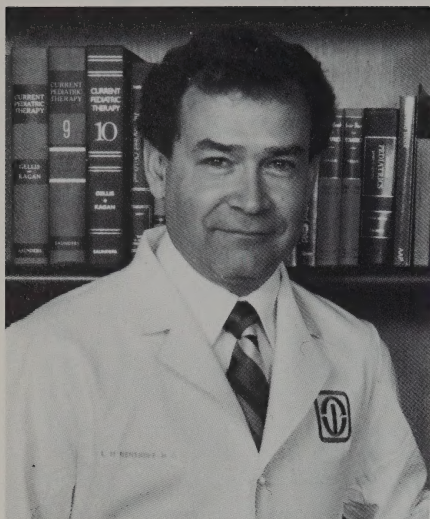
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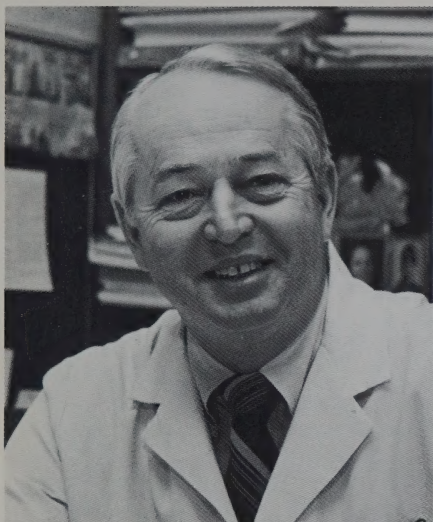
New residents reinvigorate an institution such as ours. My predecessor liked to say that each new group of residents created a positive information balance, bringing much more than they took away. We are delighted that you believe that your graduate medical education could not be in an environment more conducive to learning. In addition, I hope that you will find the environment as stimulating to your professional and personal development. Here at Rush outstanding practitioners and scholars share a wealth of knowledge born of hands-on experience and research. The primacy of patient care is woven into the very fabric of the Medical Center and its richly diverse operations and activities. In November of 1985 the Board of Trustees ratified a revised mission statement for the Medical Center which reaffirms the centrality of quality care as the focal point of our activities.

In this changing health care environment patient care itself has begun to migrate away from hospital-based delivery to an array of outpatient settings. The Medical Center has been in a leadership position in this regard and has undertaken a number of initiatives which, together with its outstanding resources in advanced technology and its distinguished professional staff, provide house staff with opportunities to round out their experience through participation in nonhospital care which has special relevance for their future practices.

We are all very busy. I hope that you will take the time to reflect on the goals that you set for yourself in embarking on your medical career years ago. The pressures of undergraduate medical education can at times cause you temporarily to lose sight of the motivation that has truly been the source of the aspiration to become a physician — caring for the well-being of patients. This is, in fact, precisely what we are about.

My welcome to you is sincere. I hope that you feel welcomed by our institution and make the best use of these postgraduate educational years.

Leo M. Henikoff, M.D.
President



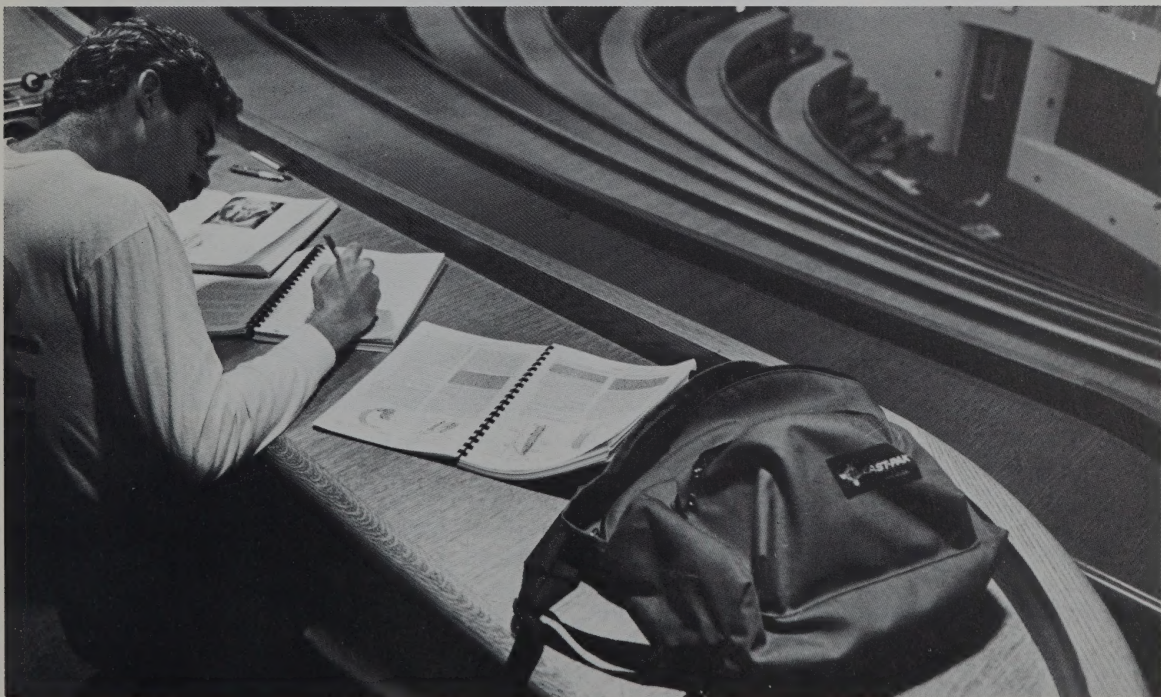
Henry P. Russe, M.D.
Vice President, Medical Affairs
Dean, Rush Medical College

The patient is central in studies at Rush Medical College. Excellence in patient care is a base for the learning experience, emphasizing the educational process and building lifelong habits of acquisition of medical knowledge.

The faculty, attending medical staff, and resident house staff are all an integral part of the teaching program. Superbly equipped facilities at Rush and the wide variety of patient populations provide a spectrum of opportunities for the development of vital skills and knowledge.

Rush-Presbyterian-St. Luke's Medical Center, responsive to the needs of society for health care, manpower development and education in the health professions, has developed a vertically integrated, multi-institutional system providing for the total health care needs of a population of 1.5 million people. This growing system is managed flexibly to be responsive to the needs of the populations we serve.

Our dynamic institution is a leader in the private sector. You are invited to join us.





**The
Medical
Center**

Introduction

Rush-Presbyterian-St. Luke's Medical Center (RPSLMC) offers training in 22 clinical departments to approximately 450 residents, trainees, and fellows each year. Presbyterian-St. Luke's Hospital (PSLH) provides the major clinical base for our graduate medical education programs. The hospital is a national referral center and a community resource. More than a dozen other institutions affiliated with Rush University provide complementary and supplementary opportunities for the trainee in rural, semirural, suburban, and urban environments.

The 859 members of the active medical staff are on the faculty of Rush University, as are many of the attending physicians at our affiliated hospitals. The University's faculty includes approximately 2,500 clinicians and scientists.

Many members of the attending staff at Presbyterian-St. Luke's have private practice offices located in one of the professional buildings on campus. Postgraduate training in many departments includes opportunities to follow patients in these offices.

History of the Medical Center

The traditions of Rush-Presbyterian-St. Luke's Medical Center began with Rush Medical College, which graduated over 10,000 physicians from its founding in 1837 until it suspended its activities in 1942. The graduates and the faculty of Rush played major roles in the establishment of the medical schools of both Northwestern University and The University of Chicago.

In 1883, at the urging of the Rush faculty, Presbyterian Hospital was founded as the first voluntary hospital in the country built for the patients and students of an academic medical facility. In 1956, Presbyterian Hospital merged with another long-established, community-based hospital, St. Luke's, to form Presbyterian-St. Luke's Hospital.

In 1969, an incorporation joined the charters of the inactive Rush Medical College and the hospital to form Rush-Presbyterian-St. Luke's Medical Center. The medical college resumed activities shortly thereafter, admitting students in 1971.

Rush University was created in 1972 when the College of Nursing joined Rush Medical College. These two colleges were joined by a third, the College of Health Sciences, in 1975. The Graduate College, formerly positioned within the College of Health Sciences, was established as a free-standing graduate college in 1981.

Facilities

Now with 150 years of service to Chicago and the Midwest, Rush-Presbyterian-St. Luke's Medical Center is widely recognized as one of the nation's leading academic health centers. Its primary mission—to provide high quality, compassionate, comprehensive health care to all patients—is accomplished through its many highly skilled and specialized professionals, extensive services and programs, and numerous facilities both at the Medical Center's main campus and at some 30 locations throughout the Chicago area.

The Rush System for Health radiates from the Medical Center's 33-acre campus on the near West Side where are located Presbyterian-St. Luke's Hospital with 903 beds, Rush University with its four colleges, and the Johnston R. Bowman Health Center for the Elderly, a 176-bed geriatric rehabilitation hospital. Here also are found most of the 7,500 physicians, nurses, scientists, faculty and supporting staff; a number of specialty centers which coordinate treatment, research and education, among them the Rush Cancer Center, the Multiple Sclerosis Center and The Thomas Hazen Thorne Bone Marrow Transplant Center of Rush-Presbyterian-St. Luke's Medical Center; and major research facilities which support more than 1,000 active research projects.

At other locations throughout the metropolitan area are Sheridan Road Hospital on the North Side, a number of occupational health centers, and offices of the ANCHOR Organization for Health Maintenance (HMO). The Medical Center is also affiliated with 17 hospitals in Illinois and Indiana, and with 16 colleges and universities in six states.

The Medical Center is a leader in the health care field, achieving national and international recognition for its exciting discoveries evolving out of research projects and for its innovative treatment programs which respond to major health problems.

In addition to Rush-Presbyterian-St. Luke's Medical Center, the clinical network consists of:

Bethany Hospital, Chicago	212 beds
Central DuPage Hospital, Winfield	371 beds
Christ Hospital and Medical Center, Oak Lawn	873 beds
Copley Memorial Hospital, Inc., Aurora	319 beds
Galesburg Cottage Hospital, Galesburg	265 beds
Grant Hospital of Chicago, Chicago	508 beds
LaGrange Memorial Hospital, LaGrange	276 beds
LaPorte Hospital, LaPorte, Indiana	227 beds
MacNeal Hospital, Berwyn	427 beds
Marianjoy Rehabilitation Center, Wheaton	91 beds
Mile Square Health Center, Inc., Chicago	outpatient facility
Mount Sinai Hospital Medical Center, Chicago	464 beds
St. Mary's Hospital, Streator	248 beds
Schwab Rehabilitation Center, Chicago	67 beds
Skokie Valley Hospital, Skokie	262 beds
Swedish Covenant Hospital, Chicago	355 beds
West Suburban Hospital Medical Center, Oak Park	374 beds

Patient Care

Active Medical Staff 859

Presbyterian-St. Luke's Hospital	
Bed capacity (excluding bassinets)	903
Total admissions (including newborn)	30,217
Total days patient care (including nursery)	247,680
Occupancy	75.5%
Emergency room visits	31,814
Blood transfusions	32,178

Sheridan Road Hospital	
Bed capacity	186
Total days patient care	26,657

Johnston R. Bowman Health Center for the Elderly	
Bed capacity	176
Total days patient care	45,427

Rush University (Rush Medical College, College of Nursing, College of Health Sciences, The Graduate College)

Faculty	2,456
Student body (including house officers)	1,596
For a complete list of Rush Medical College faculty, see the Rush University Bulletin.	

G1	G2	G3	G4	G5	G6	G7
Family Practice			Peds. Specialties	Allergy-Immun.	Med. Specialties	
Pediatrics						
Internal Medicine						
Physical Medicine & Rehab.		Psychiatry	Pathology	Obstetrics-Gynecology	Anesthesiology	
Dermatology						
Neurology						
General Surgery				Urology	Plastic	CV-Thoracic
Otolaryngology						
Neurosurgery						
Orthopedics			Ophthalmology	Diagnostic Radiology	Therapeutic Radiology	

Research

Opportunities are available for house officers to participate in master's and doctoral programs in conjunction with their graduate medical education. Approximately five percent of the current Medical Center budget is devoted to research, and the proportion is growing. The commitment has involved annual expenditures in the area of \$12 million, funded by private agencies, foundations, corporations, federal and state agencies, and individuals.

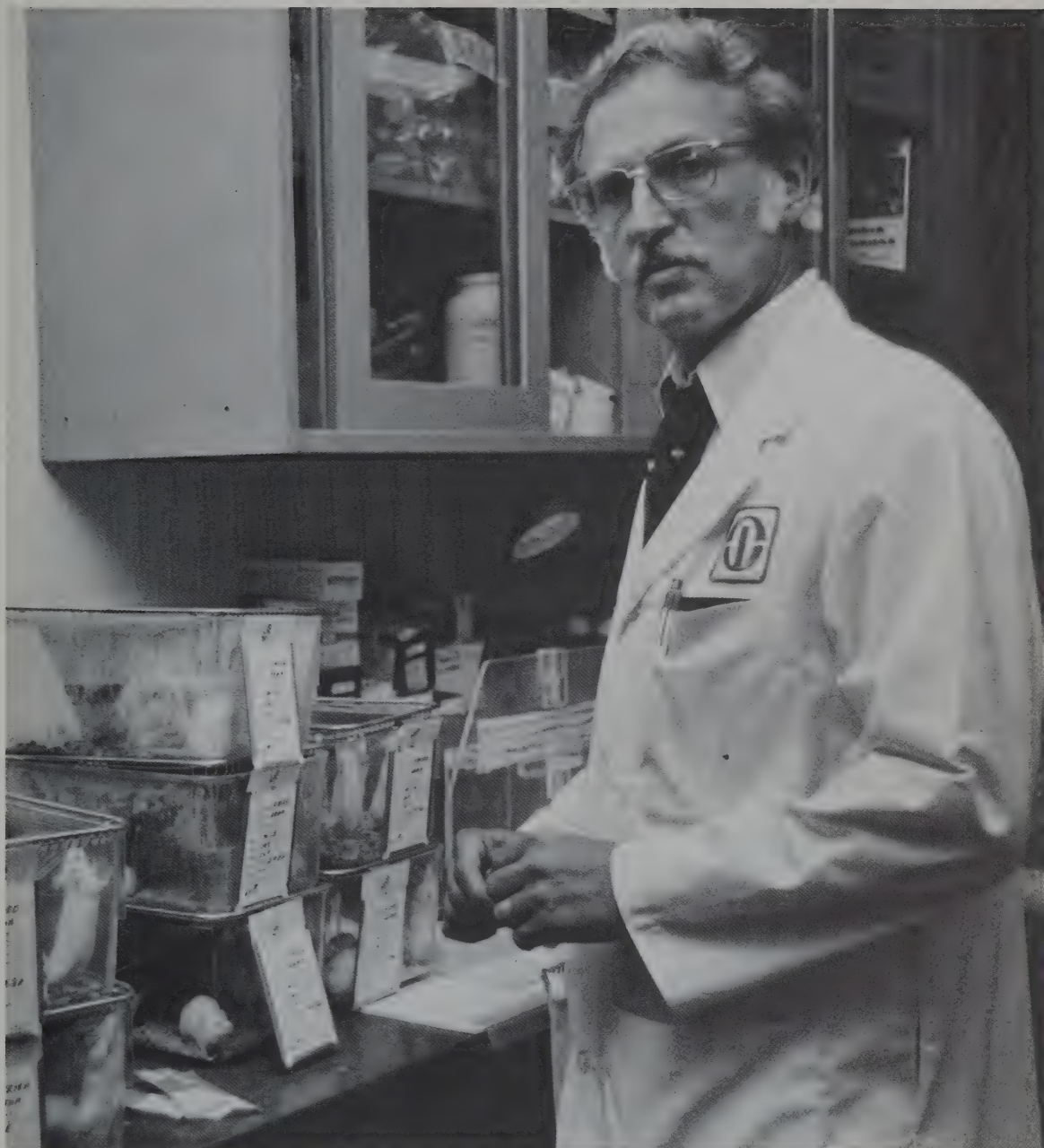
The Medical Center has a number of interdisciplinary committees for patient care, in which physicians, surgeons, scientists, psychologists, nurses and other health professionals develop integrated therapies for patients with diseases such as multiple sclerosis, rheumatoid arthritis and Alzheimer's Disease. The interdisciplinary approach also is used in the research areas, especially in the approaches to cancer, cardiovascular diseases and orthopedics. House officers are encouraged to take an active role in the continuing exchange of information and insight.

Research projects in progress	1,234
Research publications	1,026
Research awards, 1984-5	\$12,506,148

**Programs in
Graduate Medical
Education**

Graduate medical education programs offered at Rush, along with the minimum requirements for specialty board certifications, are shown on the chart on page 7. All G-1 positions are offered through the National Resident Matching Program.

Residency programs in obstetrics and gynecology, orthopedics, general surgery, pediatrics, and family practice are fully integrated with those at network hospitals. Recruitment for residency and fellowship positions at Rush is handled by individual department chairmen and inquiries about programs and requests for applications should be addressed to them (see program descriptions that follow).



Medical Sciences and Services

Walter Fried, M.D.
Associate Dean for
Medical Sciences and Services
and Associate Vice President
for Medical Affairs

Department of Immunology/ Microbiology

Program in Allergy and Clinical Immunology

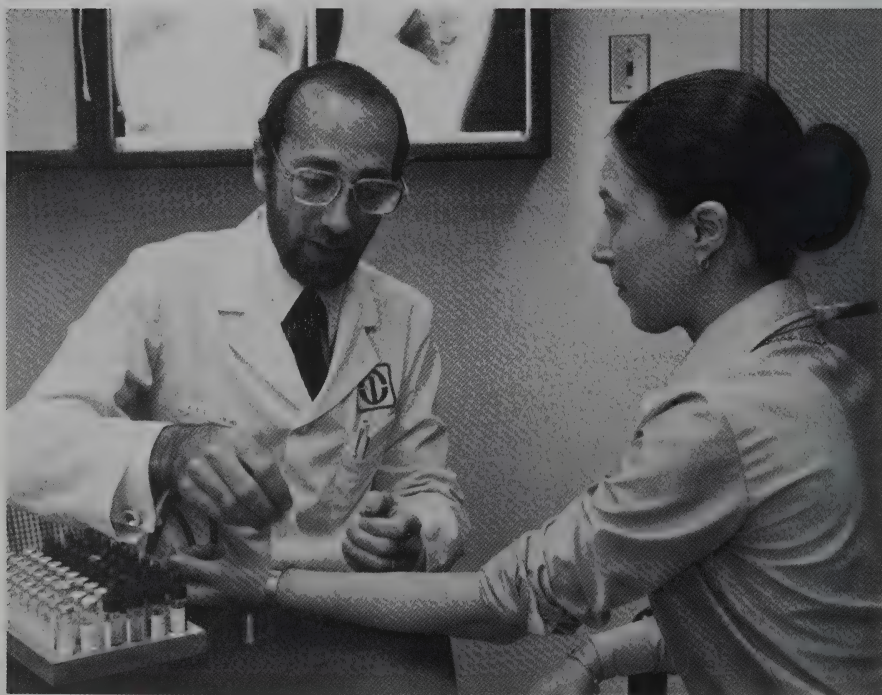
**Allan T. Luskin, M.D., and David
Chudwin, M.D., Co-Directors**

The Department of Immunology/Microbiology offers a two-year residency in allergy and clinical immunology (with an optional third year) to prepare physicians to assume a leadership role in the field of allergy and clinical immunology. This program is approved by the American Board of Allergy and Immunology, a conjoint Board of The American Board of Internal Medicine and American Board of Pediatrics.

The focus of the training program is to provide balanced, intensive and diversified training in all aspects of allergy and clinical immunology. The clinical service in the training program involves the care of inpatients and outpatients with the classical allergic diseases of urticaria, rhinitis, asthma and pulmonary hypersensitivity diseases, as well as a large population of patients suffering from immuno-deficiency diseases

and systemic hypersensitivity diseases including vasculitis and systemic lupus erythematosus. The clinical and laboratory research portion of the program involves training and active participation in clinical and/or bench investigation.

Trainees spend approximately three-fourths of the first year of training in clinical allergy and immunology. They are directly responsible for the care of patients with immunologic diseases under the supervision of an attending physician. Trainees also take an active role in the education of rotating medical students and medical and pediatric residents. Teaching consists of formal and informal hospital rounds, patient care conferences and basic and clinical conferences scheduled on a regular basis throughout the week. Lectures on specialized topics cover a wide variety of subjects in pulmonary medicine, infectious disease, rheumatology,



oncology, dermatology, nephrology and hematology.

All patients admitted to the service are available for teaching; active teaching clinics are conducted in the private outpatient offices located in the Professional Building. The department sees approximately 550 new outpatients and 150 new inpatients per year. The average daily census is 10 inpatients. There are a total of 5,500 outpatient visits yearly.

Residents learn routine and specialized diagnostic procedures including skin testing, pulmonary function testing, bronchoprovocation as well as a variety of laboratory techniques ranging from the most simple to the use of flow cytometry. Trainees are also introduced in the first year to basic research techniques in conferences and lectures. They are encouraged to develop a collegial relationship with the graduate students in immunology; courses, including one on Basic and Clinical Immunology, are given by the faculty of the department to both graduate students and clinical fellows.

During the second year, the major emphasis is on acquiring

skills in research in areas of allergy and clinical immunology. Most of the trainees' time is devoted to basic or clinical research. Research is formalized under the direct supervision of one of the members of the Department of Immunology/ Microbiology. Research is available in a variety of areas of allergy and clinical immunology. Areas of current interest include the immunobiology of the inflammatory response, the biology of the complement system, mechanisms underlying the allergic and the acute inflammatory responses, the pathogenesis of human immunologic disease, and host defenses against infection.

Also during the second year, trainees improve their clinical skills and take a more active teaching role in the educational programs of the Department of Immunology/Microbiology.

Two first-year fellows are accepted each year. Trainees must have completed training in internal medicine or pediatrics as a prerequisite to acceptance. Please direct inquiries to Allan T. Luskin, M.D., or David Chudwin, M.D., Department of Immunology/ Microbiology.

**Frederick D. Malkinson, M.D.,
D.M.D., The Clark W. Finnerud,
M.D., Professor and Chairman**

The Department of Dermatology offers a three-year residency training program accredited by the American Board of Dermatology. The program accommodates a total of four residents. One new resident is accepted for each of two years and two are accepted every third year. All appointments are made through the National Dermatology Matching Program. The focus of training is on the prevention, pathogenesis, diagnosis (including histopathologic) and treatment of skin diseases. There is special emphasis on systemic disease—skin disease asso-

ciations and relationships. The understanding of normal skin care as it relates to preventive medicine aspects of dermatology is stressed. The tutorial method of clinical teaching is intensively applied and is enhanced by a favorable staff-to-trainee ratio (three full-time and 13 part-time volunteer staff members).

During the first year, the resident participates in the outpatient service by making initial contact with new patients and discussing diagnostic and therapeutic impressions under supervision of the attending physician. The resident learns routine and special diagnostic procedures such as biopsies and minor excisions, patch

Department of Dermatology

testing, dark field examination, and KOH examination for fungi. The resident gradually assumes more responsibility for patient care. Each hospitalized patient is assigned to a specific resident who is responsible for organizing the workup and treatment. Second-year residents assume greater independence and also assist in the clinical training of medical students and residents from other services. Third-year residents assume additional responsibilities, such as independently conducting clinics at an associated facility, and preparing and giving lectures and other formal teaching sessions for medical students and other health sciences students and practitioners. Some department administrative duties pertaining to the resident training programs (clinic assignments and schedules, organization of seminars, etc.) are assigned to the third-year chief resident.

Clinical experience encompasses a broad scope of problems including cutaneous infections, severe blistering diseases and drug eruptions, psoriasis and other major dermatoses, cutaneous malignancies, connective tissue diseases and complicated diagnostic problems. The department is a major referral center for the greater Chicago area. Specialty

clinics include pediatric, pigmented lesion and surgery clinics where routine and more complicated procedures such as hair transplantation, scalp reductions, dermabrasion, flap rotations and sclerosing chemotherapy are performed. Residents are also trained in the administration of phototherapy and dermatologic laser therapy.

Specialty programs include weekly histopathology conferences and lecture series including radiation therapy, phototherapy, mycology and the various dermatological basic sciences as well as weekly formal journal club and book review meetings. Third-year dermatology residents have the opportunity to rotate to other services in the institution. Patients with diagnostic, treatment, or other interesting problems are presented and discussed at monthly staff conferences. Residents also attend the monthly meetings of the Chicago Dermatological Society. National and regional dermatological meetings, as well as other scientific meetings, may be attended on a selective basis. The department is actively involved in clinical and basic research and interested residents have the opportunity to participate in these activities during the resident training period.

Department of Family Practice

Erich E. Brueschke, M.D., Chairman and Program Director

*William Schwer, M.D., Assistant
Chairman and Associate
Program Director*

*Thomas Dent, M.D., Associate
Program Director and Director,
Christ Hospital Family Practice
Center*

The Department of Family Practice offers a postdoctoral three-year combined hospital residency, the Rush-Christ Residency in Family Practice, with an optional one-year fellowship to train future teachers of family medicine. The

Rush-Christ Residency in Family Practice is a strong university-based program. Emphasis is on teaching and educational opportunities for the resident, combined with community-oriented training at Christ Hospital and Medical Center in suburban Oak Lawn. The residency program is accredited by the Accreditation Council for Graduate Medical Education and the Residency Review Committee for Family Practice.

The *sine qua non* of family practice is the knowledge and skill that allow the physician to confront

relatively large numbers of unselected patients and to develop therapeutic relationships with these patients and their families over extended periods of time. The residency is structured to prepare the physician for this role. There are nine residency positions in each year of the program and one fourth-year fellowship.

During the first year, residents spend 24 weeks in internal medicine. Eight weeks are spent in the inpatient family practice service. There is a three-month rotation in pediatrics at Rush where the resident trains in the inpatient ward, the nursery and emergency room. Twelve weeks of rotation in obstetrics and gynecology are at Christ Hospital and Medical Center. The residents spend approximately one-half day per week seeing their own patients in the Christ Hospital and Medical Center Family Practice Center. There are weekly conferences held in the Family Practice Center.

In the second year, residents take 12 weeks of pediatrics at Christ Hospital and Medical Center, a four-week rotation in neurology, an eight-week rotation in general surgery at Grant Hospital, a six-week rotation in emergency medicine at Christ Hospital and Medical Center, and additional rotations in dermatology, behavioral medicine, alcoholism, orthopedics and otolaryngology/ophthalmology, urology and occupational medicine. Residents spend two to three afternoons a week seeing their own patients in the Family Practice Center at Christ Hospital and Medical Center.

In the third year, inpatient experiences include approximately 12 weeks of required internal medicine electives, other electives to meet the needs of the resident, and rotations in community medicine, geriatric medicine, six-week rotations as the Family Practice Center resident and as the senior

resident on the family practice in-service. Residents spend approximately 14 to 16 hours per week seeing their own patients in the Family Practice Center. Behavioral sciences and clinical psychology experiences are continuous over the three years.

This is a combined hospital residency program. All outpatient Family Practice Center training is at Christ Hospital and Medical Center where, for the entire three years, residents maintain continuity of care with their patients. A team approach is used. By the third year, each resident will be caring for about 200 families. The integration provides experiences at both a tertiary care academic medical center and a high-quality private practice, community-oriented teaching hospital.

Each resident's program can be individualized through electives to meet personal interests, career objectives and the clinical responsibilities to be faced in the community. Graduated responsibility is the prevailing objective—residents occupy their own offices and provide care to their own patients. An approach to primary care utilizing a broad spectrum of health care professionals is encouraged. This is strengthened by a full-time clinical psychologist and a medical social worker assigned to the center.

Conferences held at the Family Practice Center include conferences on behavioral science topics, clinical research, office management, medical problem solving, family practice grand rounds, geriatric medicine and problem-oriented medical grand rounds. All important decisions affecting resident rotations and/or residency affairs are jointly made by faculty in consultation with residents. Monthly meetings are held with elected resident representatives from each year, the chief resident in family practice and the faculty.

Research interests among the department's faculty focus on a variety of primary care issues and are coordinated through the Section of Research and Education Development.

Address all inquiries to the chairman.

Section of

Research and Education Development

Deborah F. Hotch, Ph.D., Director

The Section of Research and Education Development is a component of the Department of Family Practice. This section, established with funding from a United States Department of Health and Human Services Public Health Service grant to the department, directs the implementation of clinical, education and evaluation research projects. The department's facul-

ty development program, including an annual workshop, is a key section responsibility. Research lectures and grant applications are also coordinated by the section.

Instruction materials to familiarize family physicians with the use of microcomputer technology for private practice and research have been developed by the section's staff. Adolescent health, alcoholism intervention, the delivery of health care by family physicians, the impact of illness on the family, and the family physician's influence on lifestyle changes are areas of continuing interest.

Faculty also design and implement family practice medical education projects including yearly surveys of applicants to the Rush-Christ Family Practice Residency Program and the use of problem-based learning strategies in clinical teaching.



Department of Internal Medicine

**Roger C. Bone, M.D., The Ralph
C. Brown, M.D., Professor and
Chairman**

**Stuart Levin, M.D., The James
Lowenstine Professor of Inter-
nal Medicine and Associate
Chairman**

The Department of Internal Medicine provides a three-year program of postdoctoral residency training accredited by the American Medical Association. An additional year of advanced training with teaching responsibility and an adjunct medical staff appointment is offered in a chief residency. Twenty-seven first-year positions are offered annually through the National Resident Matching Program.

The first year is structured to provide intensive patient contact, utilizing some 320 medical beds divided into eight general medical units and a medical intensive care unit. This year is divided into four two-month rotations on general medical units, which have from 30 to 47 patients. Most general medical units are staffed by two second- or third-year residents, four first-year residents, and several Rush Medical College students. One month is devoted to medical intensive care experience. An elective month is usually available and may be taken in any medical or surgical specialty, or in pediatrics, psychiatry, or neurology.

In the second year, the resident spends six months on a general medical unit and has two months of emergency room-triage experience. The remainder of the year is spent on elective services.

The third-year resident spends one to three two-month rotations on a general medical unit and the rest of the year in the subspecialty areas of his or her choice. Throughout the training period, each medical house officer is assigned one-half day a week to an outpatient medical practice.

This continuing assignment provides the physician with the opportunity to provide long-term care.

With the expansion of Rush-Presbyterian-St. Luke's Medical Center to include affiliated network hospitals, the department has expanded its training potential to include medical unit experience in a community hospital setting. House officers may elect to spend limited periods of time at affiliated institutions with approved programs in internal medicine including, at present, Christ Hospital and Medical Center and Mount Sinai Hospital Medical Center. Moreover, Sheridan Road Hospital, an integral part of Rush-Presbyterian-St. Luke's Medical Center, provides 60 general medical beds in a community hospital. The house staff education program there is integrated with the house staff training program at Presbyterian-St. Luke's Hospital. These activities have added depth in primary patient care experience.

The Department of Internal Medicine schedules regular teaching sessions, including medical grand rounds, attending and chairman's rounds, weekly subspecialty rounds, morbidity and mortality conferences, and radiologic conferences. Seminars, lectures, and clinico-pathological conferences are conducted by staff and by visiting professors of medicine throughout the year.

The chief residents conduct grand rounds for first-year residents each Saturday morning, and provide formal conferences on the wards each week. A vigorous program of education is provided in the ambulatory care facilities of the department. Residents in the Department of Internal Medicine rotate through emergency services for two months. This rotation is unique for the residents in that

most of the patients are evaluated on first encounter and medical decisions must be made in an expeditious fashion. The residents have a diversified medical experience. Besides evaluating unstable or ambulatory medical patients, the resident also manages a spectrum of surgical patients as well as psychiatric, obstetric and gynecologic patients. The basic learning experience is that of a preceptorship with the resident performing the primary care and supervisory support coming from attending physicians of the academic faculty in medicine and emergency services.

Individualization of programs is encouraged and other postgraduate programs are available, including elective rotations through ear, nose, and throat (ENT), office gynecology, ophthalmology, and psychiatry for internists. Further intensive care experiences beyond the residency are available in the clinical and research fellowships offered by the various sections of the department.

In accordance with Section 709 of the Public Service Act, Rush-Presbyterian-St. Luke's Medical Center will, upon request from qualified applicants, offer shared-schedule residency programs in internal medicine. These programs will be designed by the department in consultation with the candidate making the request.

Inquiries regarding the program should be directed to the chairman.

Section of

Cardiology

Joseph V. Messer, M.D., Director

The Section of Cardiology provides extensive consultation and diagnostic services, participates in medical student education in both the basic and clinical sciences, and conducts research studies involving clinical cardiol-

ogy, experimental biochemistry and physiology, and computer application.

Residents in the Department of Internal Medicine rotate through this section. Educational emphasis is on the improvement of physical diagnostic abilities in clinical cardiology, and the acquisition of skills in interpretation of invasive and noninvasive studies. Particular emphasis is placed on evaluation of electrocardiographic and catheterization data.

The Cardiology Fellowship Program is a two- or three-year track, available upon completion of three years of residency training in internal medicine. The two-year program provides approximately 18 months' experience in general cardiovascular medicine. Training includes consultation; cardiac catheterization and coronary arteriography; electrophysiology, including intracardiac and epicardial mapping; exercise electrocardiography; and cardiac graphics, including M-mode, 2D and Doppler echocardiography and phonocardiography. Fellows also gain experience in pacemaker insertions and technology; nuclear cardiology, including gated blood pool scanning and rehabilitative coronary care; and computer techniques in cardiology and preventive cardiology. A third year is provided for fellows who plan an academic career, and allows concentration in research and instrumentation in a specific field of cardiology.

Inquiries regarding the fellowship program should be addressed to the section director.

Section of

Digestive Diseases

**Seymour Sabesin, M.D.,
The Josephine Dyrenforth
Professor of Gastroenterology
and Director**

The Section of Digestive Diseases

provides endoscopic and diagnostic services, consultations and medical education in matters relating to the gastrointestinal tract. The section has two units: the gastrointestinal unit and the liver unit, which serve to fulfill these functions. In addition, the liver unit is investigating a variety of clinical and fundamental problems related to liver cell membranes, toxic and viral hepatitis, and chronic hepatitis.

Residents and students may elect to rotate for one-month periods with the liver unit or gastrointestinal unit consultation services. They will participate in the diagnostic work-ups and procedures under supervision of the attending staff. Formal teaching sessions include weekly pathology slide seminars and clinical case conferences, in addition to daily patient care rounds. Resident and student research projects are strongly encouraged and may be developed upon application to the section director.

Two-year fellowships are available to individuals who are board eligible or certified in internal medicine. Fellows will be eligible for the gastroenterology board examination upon completion of the fellowship.

Inquiries should be addressed to the section director.

Section of

Endocrinology and Metabolism

John Bagdade, M.D., Director

The focus of the Section of Endocrinology and Metabolism is a broad yet intensive approach to the clinical, teaching, investigative and laboratory aspects of the discipline. In addition to providing consultations for patients with endocrine and metabolic disorders, as well as specialized procedures, the section maintains a clinical laboratory which performs

a broad range of endocrine assays.

There is active research on diabetes, metabolic bone disease, and gonadal disorders. The steroid unit of the section performs determinations of serum and urinary steroids of various types and conducts a research program on steroid metabolism in essential hypertension.

The teaching program is active at all levels. In addition to regularly scheduled endocrinology conferences, the section accepts one clinical and research fellow, who functions for a minimum of two years, and one or two medical residents who rotate through the section at two-month intervals.

The section offers residents and fellows supervised experience with inpatients. Residents spend no mandatory time in clinic. Rotations are also available in network hospitals. Research is encouraged and is either primarily clinical or laboratory in nature, depending on the desires of the trainee.

Members of the resident staff are assigned for one to two months at a time. Fellowships which are approved for board certification are available at the end of the third year of residency training.

Fellows must be eligible to take the examination for certification by the American Board of Internal Medicine. Please direct inquiries to the section director.

Section of

Geriatrics

***Thomas Schnitzer, M.D., Ph.D.,
The Willard L. Wood, M.D.,
Professor of Rheumatology
and Director***

The Section of Geriatrics is concerned primarily with the continuing development of the Johnston R. Bowman Health Center for the Elderly (JRB), a comprehensive

restorative care and residential facility on the Medical Center campus. The clinical staff reflects the multidisciplinary nature of restorative care for the elderly and, in addition to a wide variety of paraprofessionals, includes physicians trained in psychiatry, neurology, physical medicine and rehabilitation.

In order to bring community-based care closer to the elderly patient, outpatient activities are conducted at the Medical Center and at community outpatient facilities (William Jones Senior Citizens Apartments and Larrabee Homes).

Research activities are directed to the identification of treatable conditions in elderly patients with dementia, and to the correlation of findings on computed tomography and clinical patient observation. Other projects in-

clude an in-depth study of the process of institutionalization and the development of a protocol for program evaluation.

House officers in internal medicine rotate through the Geriatric Medicine Unit. A two-year geriatric fellowship is available as well as elective rotations for undergraduate students. Inquiries regarding the fellowship program should be addressed to the section director.

Section of

Hematology

***William H. Knospe, M.D.,
The Elodia Kehm Professor and
Director***

The Section of Hematology provides consultative services for patients with hematologic malig-



nancies, anemias, coagulation disorders, immunohematology, and non-malignant disorders. The section provides diagnostic laboratory information and hematologic measurements for all Medical Center patients and includes the clinical hematology laboratories, the Blood Center and the coagulation and platelet function laboratories. The Blood Center provides full service blood banking, including provision of various component therapies and frozen blood. The Clinical Hematology Laboratory is highly automated and incorporates a dedicated interactive computer to assist in expediting the reporting of results. In addition to all standard procedures for counting and identifying blood cells, the laboratories provide many highly sophisticated diagnostic hematology and coagulation laboratory procedures.

This section offers residents and fellows supervised, clinical experience with inpatients and outpatients and opportunities to participate in diagnostic laboratory procedures. Teaching activities include daily hospital teaching rounds and weekly sectional conferences and seminars on patient-oriented problems, clinical and basic science topics in hematology, marrow morphology, clinical coagulation problems and the Medical Center's weekly lymphoma and tumor conferences. Members of the resident staff are assigned for two months at a time and fellowships are available at the end of the third year of residency training.

A program of bone marrow transplantation has been established under the direction of Herbert Kaizer, M.D., Ph.D., with Solomon S. Adler, M.D., and other physicians in the section as members of the transplant team. There are a variety of other clinicians and laboratory scientists who are also involved.

Participation in the research

activities of the section is encouraged. Research in the Section of Hematology continues to span a broad range of activities. These activities include biochemical and physiological studies at cellular and subcellular levels, basic studies of pattern recognition and artificial intelligence as applied to recognition of blood cells, and clinical studies of the effect of diseases and treatment of diseases in patients.

Inquiries regarding the fellowship program should be addressed to the section director.

Section of

Infectious Disease

Stuart Levin, M.D., The James Lowenstine Professor of Internal Medicine and Director

The Section of Infectious Disease provides consultation and care for patients with hospital- and community-acquired infections. The section is also responsible for surveillance and control of outbreaks of infection within the hospital, through the activities of the hospital epidemiologist and four nurse epidemiologists. Teaching activities include daily hospital teaching rounds, a lecture course on the pharmacology of antimicrobial agents, and a series of lectures in the second-year medical school curriculum on the pathophysiology of infectious disease. A weekly three-hour research and case discussion conference is held. The laboratory of the section is available for investigative activities. Current areas of research interest include: (1) clinical, pharmacological, and efficacy studies of new antibiotics; (2) studies on the evolution of antibiotic-resistant organisms; (3) the development of rapid methods of identification of etiologic agents of infection; (4) laboratory investigations of agents active

against hepatitis B; and (5) investigation of pathogenesis and therapy of infectious diarrheas including *Campylobacter fetus*. Members of the section serve as consultants to the City of Chicago Department of Health and are involved with investigations of citywide outbreaks of infections.

Members of the resident staff are assigned for two-month rotations. Two- or three-year fellowships are available after the third year of residency training in medicine. Applications for fellowships should be made to the section director.

Section of

Nephrology

Edmund J. Lewis, M.D., Director

Patients with various primary and systemic lesions of the kidney and genitourinary tract, or electrolyte and metabolic problems are studied and treated by the staff of the nephrology section. There is a special interest in the diagnosis and therapy of patients with collagen-vascular disease. The laboratories of the unit are available for many special studies, including immunological investigations of serum and renal biopsy material. The application of plasma-exchange therapies to several diseases, especially lupus erythematosus, is under active investigation. There are active acute and chronic dialysis programs. Patients with chronic intermittent dialysis or transplantation are cared for by the staff of the section.

The section is pursuing research on several immunological aspects of renal disease. Systemic lupus and cryoglobulinemia are a particular area of interest. A cell biology program is being carried out in concert with members of the Department of Pathology.

There are daily clinical confer-

ences with the renal pathologists to review tissues from patients who have had renal biopsies. Each week, there are regular research meetings, a renal pathology conference, a renal-urologic-radiologic conference, and a nephrology conference.

Members of the resident staff are assigned to the section for one- or two-month rotations, and research fellowships are available at the end of the third year of residency training. Applications for fellowships should be made to the section director.

Section of

Oncology

**Jules E. Harris, M.D.,
The Samuel G. Taylor III, M.D.,
Professor and Director**

The educational program of the Section of Oncology emphasizes that patients with cancer may live long, productive, and useful lives if properly treated. Each year, the Section of Oncology sees approximately 1,200 new cancer patients, who provide an ample and varied spectrum of oncological problems. The residents and fellows follow and study these patients under the direction of members of the section. New patients and problems are discussed at bi-weekly meetings.

The section's program stresses the importance of a combined approach to tumor therapy using the resources of the departments of surgery, therapeutic radiology, pathology, and nuclear medicine. There are weekly breast tumor, lymphoma, and gynecologic tumor conferences. The section is also involved in many of the clinical trials sponsored by the Eastern Cooperative Oncology Group, National Surgical Adjuvant Breast Project, and the Gynecologic Oncology Group.

Pilot studies involving chemotherapy and immunotherapy with emphasis on the clinical study of interferon and other biological response modifiers are undertaken in association with the institution's affiliated network of hospitals.

The section has an active research program in human and experimental tumor immunobiology. These investigations involve animal studies concerned with the immunogenetics of tumor graft rejection and clinical studies examining the effect of cytotoxic drugs on immunoregulatory mechanisms in solid tumor cancer patients. Research opportunities are available in both areas of investigation for students, residents and fellows.

A four- to eight-week rotation stressing clinical aspects of cancer is offered for residents. One-

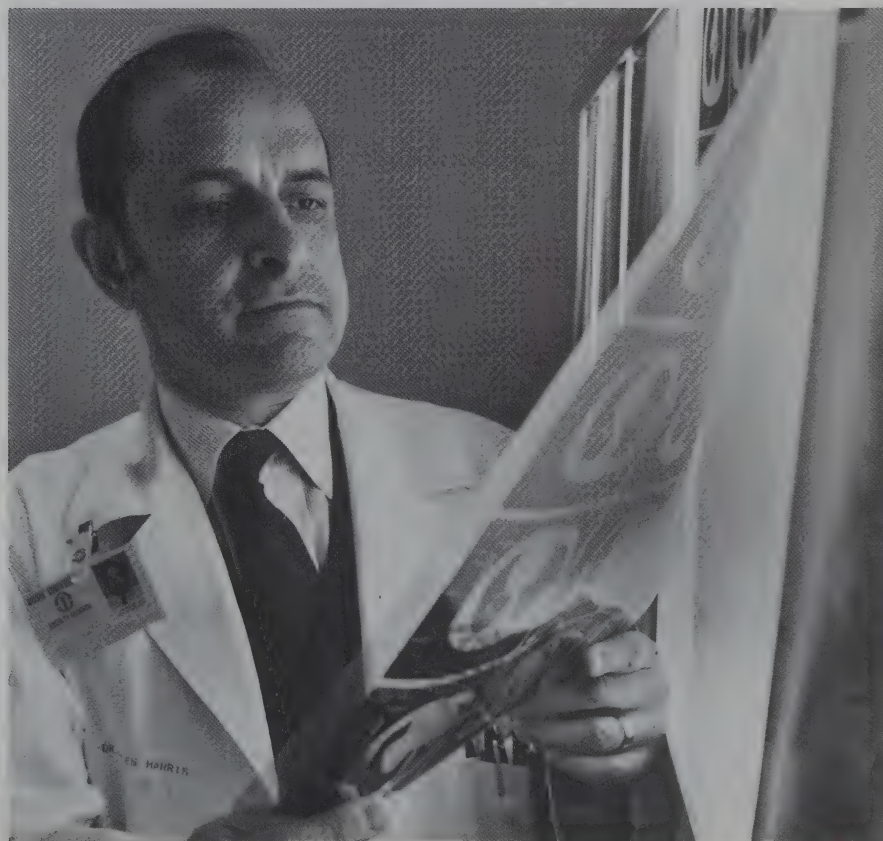
to three-year clinical fellowships are available and provide in-depth training in medical oncology, with rotation through related clinical fields and laboratories if desired. Research experience in the section's laboratories is offered to selected trainees. The fellow is prepared for board certification in medical oncology. Application should be made to the section director.

Section of

Pulmonary Medicine

***Roger C. Bone, M.D.,
The Ralph C. Brown, M.D.,
Professor of Internal Medicine
and Director***

The Section of Pulmonary Medicine provides specialized consultation service for patients with dis-



eases of the lungs and thorax. In addition to the clinical service, the section is responsible for the pulmonary laboratory, chest physical therapy and respiratory therapy. Fiberoptic bronchoscopies and other special procedures are performed.

The fellowship generally lasts two years and offers extensive participation in all of the above. Fellows manage an outpatient clinic held once a week. Supplementary rotations through intensive care, allergy, infectious disease and chest surgery round out the experience. Much of the teaching is on a personal basis. The section conducts two conferences a week. Research experiences are available in the areas of expertise of individual faculty members.

The fellowship prepares candidates for the specialty board of pulmonary medicine. Prerequisites for the fellowship are two years in an approved residency program in internal medicine or the equivalent and board eligibility in internal medicine.

Inquiries should be directed to Robert L. Rosen, M.D.

Section of

Rheumatology

***Thomas Schnitzer, M.D., Ph.D.,
The Willard L. Wood, M.D.,
Professor and Director***

The focus of the Section of Rheu-

matology is on clinical experience in the diagnosis and management of rheumatic disease, as well as the acquisition of skills in clinical investigation. This section offers residents and students a supervised experience with both inpatients and outpatients.

The trainees are responsible for initial interviews and physical examinations as well as follow-up management responsibilities on their patients. Teaching of the special skills required in the diagnosis and management of chronic disease patients is accomplished largely at the bedside, with about 20 to 30 percent of the clinical experience being devoted to outpatient care. It is expected that a trainee will have ample opportunity to become familiar with all of the common rheumatic disorders as well as a significant number of the more unusual rheumatic conditions.

Supervised x-ray conferences and seminars as well as journal club experiences are provided. Rotations are also available through other departments within the hospital so as to become better acquainted with immunologic techniques. Rotations are available as well through the rheumatology sections of network hospitals. Members of the resident staff are assigned for periods of at least one month and student elective rotations are also available.

Please direct inquiries to the section director.

Department of Neurological Sciences

***Harold L. Klawans, M.D.,
Acting Chairman and Program
Director***

A group of integrated research/clinical care programs organized around specific diseases and spearheaded by clinical investigators serves as the core for the overall activities of the department. The major areas which all

represent important clinical problems and related basic science issues include:

1. Parkinson's disease and related movement disorders
2. Epilepsy
3. Cerebrovascular disease
4. Multiple Sclerosis
5. Dementia
6. Neuromuscular diseases

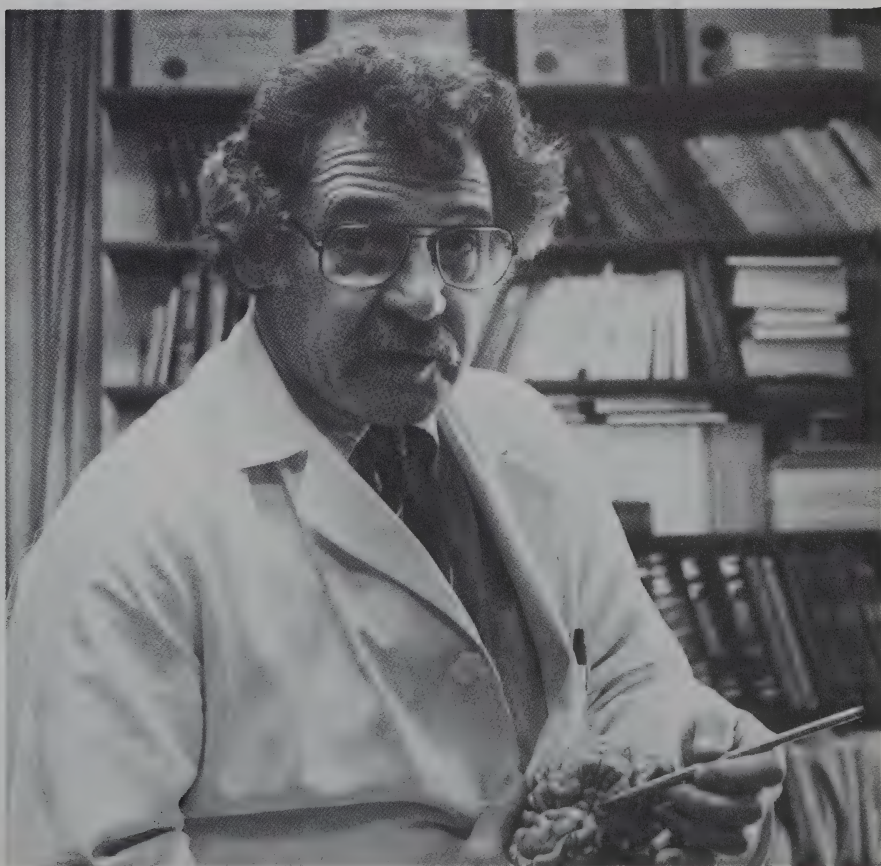
The research program thus extends from studies of molecular and electrical phenomena of the nervous system and subcellular structure of nerve cells to the function of the brain as a whole in health and disease, with a major emphasis on clinical neuropharmacology.

The Department of Neurological Sciences offers a three-year residency in neurology. One year as a resident in internal medicine is a prerequisite. The residency program is accredited by the Liaison Committee of the American Medical Association and the American Board of Neurology and Psychiatry. Three residents are accepted each year into the program.

The focus of the program is to train well-rounded clinical neurologists with a strong background in and understanding of basic neu-

rological sciences. The first year of the neurology residency consists of twelve months of clinical neurology. At present, eight months in clinical neurology are taken at Rush and split between the inpatient service and the consultation service. Four months are spent on clinical services at Christ Hospital and Medical Center.

The second year consists of rotations in electroencephalography, electromyography, neuroradiology, pediatric neurology, and neuropathology. The third year consists of six months as a senior resident and six months of elective time. This is divided between Rush and Christ Hospital and Medical Center. During this latter six-month period, the exact rotations of the resident are worked out between the resident and the program director.



Department of Pediatrics

All patients admitted to the neurologic service are available for teaching and clinical experience. These patients suffer from a broad range of neurological problems including movement disorders, multiple sclerosis, epilepsy, and cerebrovascular disease. Active teaching clinics also are conducted in the private outpatient offices of the Department of Neurological Sciences and include specialized clinics in epilepsy, muscular dystrophy, multiple sclerosis, and movement disorders. Throughout the three-year program, residents have primary care responsibility for outpatients in the neurology clinic.

The major feature of this program is the close contact between the faculty and the small number of selected residents. Teaching rounds are made six days a week

on each of the two clinical services. Weekly teaching sessions include brain cutting, neuroradiology, neurology grand rounds, neurology basic sciences conferences (for residents only), and research meetings. In addition, residents have significant teaching responsibility including both clinical teaching and assisting in neuroanatomy laboratory. Extensive clinical and preclinical research is being carried out in a wide variety of areas by members of the department. Residents are strongly urged to participate in these programs at some time during their training.

Fellowships are offered in EMG, EEG, and movement disorders/neuropharmacology. Inquiries should be directed to the program director.

***Samuel P. Gotoff, M.D.,
Woman's Board Professor
and Chairman***

*Samuel P. Gotoff, M.D., Director,
Pediatric Residency Program
Howard B. Levy, M.D., Chairman,
Mount Sinai Hospital Medical
Center*

*Peter Noronha, M.D., Program
Director, Mount Sinai Hospital
Medical Center*

*Rabi Sulayman, M.D., Program
Director, Christ Hospital and
Medical Center*

The Department of Pediatrics offers a three-year residency leading to certification by the American Board of Pediatrics. Fellowships are available in the various pediatrics subspecialties. The program is accredited by the American Medical Association.

The Department of Pediatrics inpatient units include beds for newborns, infants, children and adolescents. The program utilizes beds and outpatient clinics at Presbyterian-St. Luke's Hospital, Mt. Sinai Hospital and Medical Center and Christ Hospital and

Medical Center. Each hospital has a tertiary care nursery. There are approximately 8,000 inpatient admissions (along with 8,000 nursery admissions) divided between the three institutions participating in the educational program with equal distribution of medical and surgical patients.

The faculty includes 347 full-time, part-time and volunteer members participating in the three institutions, and there are 213 pediatric teaching beds available for the teaching program (not including the nursery beds).

The teaching program provides increasing responsibility for patient care in each year. Problem solving and utilization of basic science principles are emphasized.

All residents have half-day assignments in continuity care clinics under the supervision of a practicing pediatrician throughout the three years of the program.

Training for the first-year resident consists primarily of inpatient assignments, with rotation through general pediatric medi-

cal units, pediatric intensive care units and the special care nurseries.

Ambulatory experiences are focused in acute care clinic rotations in the second year, with special attention to developmental and behavioral pediatrics, subspecialty clinics, and rehabilitation programs. Specialty clinics include allergy/clinical immunology, cardiology, endocrinology and metabolism, genetics, infectious diseases, nephrology, pulmonary, hematology/oncology, neurology and birth defects.

The emergency room/triage/acute care services are staffed

by residents with continuous consultation service by the full-time and volunteer staffs.

The neonatal nurseries are under the direction of the Department of Pediatrics. Under close supervision, the resident becomes acquainted with the newborn infant during hospitalization and after discharge from the hospital.

There are 18 residents in each of three years. Residents can choose to emphasize primary care or select more traditional training in a tertiary care setting. Scheduling is flexible with 29 residents at Presbyterian-St. Luke's Hospital, 15 at Christ Hospital and Medi-



cal Center and 10 at Mt. Sinai Hospital and Medical Center. Each resident has a continuity of care clinic one-half day a week throughout the three years.

Inquiries concerning the program should be directed to the chairman.

Section of

Adolescent and Young Adult Medicine

Gary R. Strokosch, M.D., Director

The focus of the Section of Adolescent and Young Adult Medicine is the comprehensive health care of patients approximately 12 to 21 years of age. The 35-bed inpatient unit at Rush-Presbyterian-St. Luke's Medical Center and a similar unit at Christ Hospital and Medical Center provide the setting for inpatient training. Outpatient facilities at Rush-Presbyterian-St. Luke's Medical Center, Christ Hospital and Medical Center, and Mt. Sinai Hospital Medical Center provide the setting for ambulatory training.

Section of

Allergy and Immunology

David Chudwin, M.D.

The section is part of a combined internal medicine/pediatric program which provides exposure to inpatients and outpatients with immunodeficiencies and allergic and rheumatologic diseases.

Section of

Ambulatory Pediatrics

**Susan Unfer, M.D., Acting
Director**

The diversified program in ambulatory and community pediatrics is designed to prepare the physician for a career either in pediatric practice or in academic ambulatory pediatrics. The section offers supervised experience in screening and crisis care, comprehensive care, continuity care, preventive pediatrics, adolescent medicine, and subspecialties.

The outpatient program offers



the house officer an opportunity to work in several settings: hospital-based clinic practice, health maintenance organization, multi-specialty group practice, community-based clinics and single specialty (pediatric) group practice.

The program affords an opportunity to work with multidisciplinary groups dealing with children who have learning disorders, developmental problems and multiple handicaps. Experience is gained in the effective use of resources, such as nutritionists, psychologists, public health nurses, social workers and community agencies.

Section of

Pediatric Cardiology

***H. Gunther Bucheleres, M.D.,
Director***

The patient population served by the section originates from within and outside of the Rush network system as well as from various local and state agencies. The section staff participates in undergraduate and graduate medical education programs.

The curriculum covers both the clinical and laboratory diagnosis of pediatric heart disease. Clinical conferences, ward rounds and ambulatory settings develop the trainee's experience in diagnosis and management. The trainee participates in intraoperative and postoperative patient care.

Community Pediatrics Program

Mile Square Health Center

Karen Nelson, M.D., Director

The development of the neighborhood health center represents a relatively new approach to comprehensive family-oriented medical care for poverty areas. The Mile Square Health Center serves

a community of 23,000, half of whom are in the pediatric age group. The philosophy of the center stresses continuous, coordinated, comprehensive care.

General pediatric care is given in the center. Routine laboratory and radiological services are available on the premises.

A program for the training of nurse associates has been functioning since the inception of the center in 1967. Nurse associates function in the preventive aspects of pediatric care and pediatric screening.

Section of

Cytogenetics and Biomedical Genetics

Paul Wong, M.D., M.Sc., Director

This section provides clinical and laboratory training in genetics for pediatric, obstetric and other residents. Electives are also available for medical students. Participation in research may be arranged.

The section offers residents supervised experience with inpatients and outpatients referred from both inside and outside the city of Chicago. Clinical experience includes infants and children with physical malformations, mental retardation, metabolic disorders, and other inherited diseases; couples with fertility problems, recurrent miscarriages or abnormal children; patients with abnormal sexual development; and older pregnant women and women with histories of genetic problems.

Section of

Endocrinology and Metabolism

***Paul Mueller, M.D.,
Acting Director***

This section provides inpatient

consulting services and outpatient clinics for children with endocrine disorders, growth problems and diabetes mellitus. Elective opportunities are provided.

Section of

Pediatric Hematology/Oncology

***Herbert Kaizer, M.D., Ph.D.,
The Coleman/Fannie May
Candies Foundation Professor
and Director***

The Section of Pediatric Hematology/Oncology provides services for inpatient and outpatient care of children with serious disorders of the blood, or malignant tumors. As participants in the Children's Cancer Cooperative Study Group, patients with leukemia or certain solid tumors are treated under regimens directed by protocol studies designed by this group. Residents actively participate in the bone marrow transplant program.

Section of

Human Development

Cecilia Brocken, Ph.D., Director

Pediatric psychologists in the Section of Human Development provide services to the pediatric patient—infancy through young adulthood—on both an inpatient and outpatient basis. A broad range of diagnostic, therapeutic and consultative services emphasizes early assessment and intervention, family involvement, and close collaboration with medical and other health care staff.

The developmental pediatrics faculty, an interdisciplinary group coordinated by the section director, is responsible for teaching the developmental/psychosocial curriculum of the pediatric residency training program. In addition to the educational opportunities

inherent in the collaborative patient care which characterizes the pediatric service, formal training activities in developmental, psychosocial and behavioral aspects of patient care are provided in a required subspecialty rotation.

Pediatric Infectious Disease Program

***Kenneth M. Boyer, M.D.,
Director***

The Pediatric Infectious Disease Program provides inpatient consultation services for children with a variety of infections. Surveillance of nosocomial infections and methods of prevention are also provided. Residents and students may elect to take a month of special training in pediatric infectious disease.

Section of

Neonatology

Werner Meier, M.D., Director

The newborn services at Rush-Presbyterian-St. Luke's Medical Center, Mount Sinai Hospital Medical Center and Christ Hospital and Medical Center admit approximately 8,000 babies a year.

The Rush Perinatal Center serves 11 designated hospitals with 22,000 deliveries a year. It is designated as a Regional Perinatal Center by the Illinois Department of Public Health. Patients are admitted to the special care (intensive and intermediate care) and general care nurseries from both "in-hospital" deliveries and from the special care units of network hospitals via a highly specialized transport system for sick infants.

Neonatology fellowships are available. The fellows supervise patient care, assist with teaching

and participate in research and other special projects.

The Special Care Nursery Follow-Up Program provides continuity of care for babies with problems related to the perinatal period that continue after discharge. Long-term multidisciplinary follow-up is also conducted, including social service, psychology, physical and occupational therapy and neurology coordinated by the Section of Neonatology.

Pediatric Nephrology Program

Eddie S. Moore, M.D., Director

Activities in this program include both diagnostic and therapeutic management of all renal problems seen in children, ranging from those of a structural nature through those of immunologic import. Implicit in this program is a close liaison with the urology service, in an effort to provide an integrated approach to small children with congenital or acquired structural abnormalities. Acute

as well as chronic peritoneal and hemodialysis are available in addition to an acute transplant program.

Section of

Neurology

**Robert Egel, M.D.,
Acting Director**

Newborns, infants and children with neurologic disorders are the responsibility of this service. Surgical problems, including head trauma, are managed jointly with the neurosurgical staff.

Section of

Pulmonary Diseases

Lewis Gibson, M.D., Director

This service cares for a large number of children with cystic fibrosis and bronchopulmonary dysplasia. An active pulmonary function laboratory supports the program.

**Richard F. Harvey, M.D.,
Chairman and Program
Director**

The Affiliated Residency Program in Physical Medicine and Rehabilitation is sponsored by Rush Medical College of Rush University through Rush-Presbyterian-St. Luke's Medical Center (RPSLMC) and its affiliated institution, Marianjoy Rehabilitation Center (MRC) in Wheaton, Illinois. Rush Medical College established the Department of Physical Medicine and Rehabilitation in 1985 and developed an affiliation agreement with Marianjoy Rehabilitation Center in 1985.

The combined resources of Rush-Presbyterian-St. Luke's Medical Center and Marianjoy Rehabilitation Center are now linked to provide a broad-based

training program for physicians desiring to specialize in physical medicine and rehabilitation.

The goal of the Affiliated Residency Program for physical medicine and rehabilitation residents is to provide a clinical and didactic program to meet the training requirements of the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Physical Medicine and Rehabilitation (ABPM&R) while providing a stimulating and broad-based experience for physicians in the residency program.

The objectives supporting the above goal include the following: (1) an integrated residency to include strong clinical science training in the first year and a half of the residency program; (2) pro-

Department of Physical Medicine and Rehabilitation

vision of a broad-based experience in physical medicine and rehabilitation including inpatient, outpatient, consultation service and technical skill training within the affiliated institutions; (3) the provision of a didactic basic science program to include the fields of anatomy, functional anatomy, kinesiology, clinical physiology, neurophysiology, pathophysiology, pathology and radiology; (4) provision of formal instruction in the clinical areas of physical medicine and rehabilitation through instructional courses, clinical conferences, journal clubs, seminars, grand rounds and clinical labs; (5) provision of increasing responsibility for the resident through the training program to allow for application of expertise to the point of independent skill application by the fourth year of the residency program; (6) provision of an opportunity to learn the administrative and management aspects of rehabilitation through observation, administrative labs, program evaluation review and management evaluation review; (7) provision of an opportunity for innovative research through involvement with Rush Medical College faculties and the Department of Research and Education of the Marianjoy Rehabilitation Center; (8) provision of an opportunity, through the Center of Occupational Health and Rehabilitation, to relate to industry, insurance companies and the legal profession the problem of work-related disabilities; to gain exposure to the legal ramifications of the Workers' Compensation law; and to learn how to give a deposition and court testimony.

In accordance with the recommendation of the ACGME and the ABPM&R, 12 of the 48 months of training will consist of a coordinated program of experience in clinical skills, including six months in internal medicine, pediatrics or general surgery, and another six

months of one or more of the following: cardiology, radiology, neurology, urology, rheumatology, nephrology, vascular medicine, pediatrics, pulmonary medicine, neurosurgery, orthopedic surgery, family practice, general surgery, general internal medicine, emergency medicine, psychiatry, oncology and critical care medicine. These clinical experiences will be provided through the accredited residency programs of Rush-Presbyterian-St. Luke's Medical Center. Every attempt will be made to provide the resident with three to six months of experience in physical medicine and rehabilitation before entering these basic clinical experience rotations. The purpose of that experience in physical medicine and rehabilitation is to provide a better base on which the resident can build the skills and knowledge base needed to practice the specialty of physical medicine rehabilitation to the greatest extent possible.

The remaining 36 of the 48 months shall be spent in training at RPSLMC or MRC. This experience will be provided through a series of progressively more responsibility-based quarters of experience. The quarters are designed to provide early orientation of the resident to the field, progressing to an independent attending role on a senior bed service. Electromyographic, pediatric, outpatient service and electives are included in this progression of experience.

Certain residents applying to the program will be accepted directly to this formal 36-month period of training if they have evidence of having successfully completed a one-year ACGME-approved residency program in family practice, internal medicine, pediatrics, neurology, orthopedics, general surgery or an accredited "transitional" year as defined by ACGME. In exceptional cir-

Department of Psychiatry

cumstances and when agreed upon by both program directors, a resident may be accepted in transfer from another residency program; however, no guarantee

can be provided that completion of the program will require less than the 36 months as outlined.

Inquiries should be directed to the program director.

Jan Fawcett, M.D.,
The Stanley G. Harris, Sr.,
Professor and Chairman
Robert G. Zadyak, M.D.,
Director of Medical Education
and Residency Training
Katie Busch, M.D., Assistant
Director of Medical Education
and Residency Training

The Psychiatry Residency Training Program at Rush-Presbyterian-St. Luke's Medical Center is a four-year program in general psychiatry offering a developmental approach to the acquisition of the

knowledge, skills and attitudes necessary for competency as physician and psychiatrist. Its objectives are to develop sound clinical judgment, and knowledge of the diagnosis, treatment and prevention of psychiatric and common neurologic disorders. The program offers a balance of psychodynamic and biologic psychiatry with opportunity for subspecialization, particularly in dynamic psychotherapy, research, geriatric psychiatry, forensic psychiatry and consultation-liaison.



Psychiatry residents at the Medical Center have the opportunity to work with a broad spectrum of patients: drug abusers, alcoholics, emotionally ill children, adults, and elderly and, in controlled situations, the criminally insane. Clinical experience includes hospitalized patients, day hospital patients and outpatients. Residents also provide care annually, through the Psychiatric Consultation-Liaison Service, for over 500 medical and surgical patients who experience emotional problems related to their illnesses.

The residency training program of Rush-Presbyterian-St. Luke's Medical Center is accredited by the American Board of Neurology and Psychiatry. The four-year program is divided into four tracks of varying lengths. Each track offers instruction and experience in specific areas of psychiatry, coordinating clinical rotations with didactic work and supervision.

Track I (18 months)

Medicine and neurology rotations, rotations on inpatient open and closed psychiatric units and geriatric psychiatry unit.

Track II (15 months)

Rotations in consultation-liaison, outpatient and child psychiatry.

Track III (3 months)

Rotations designed to develop understanding of psychiatric administration, teaching, supervision and related clinical skills.

Track IV (12 months)

Elective rotations.

At the Marshall Field IV Center, the administrative base of the Department of Psychiatry, are the following ambulatory services: Adult Outpatient Clinic; Treatment Research Unit designed to conduct outpatient treatment research protocols; Dissociative Disorders Program focusing on the treatment of multiple personality disorder and other dissociative disorders; and the Rush Day

School/Children's Partial Hospitalization Program, a program for children ages five to 17, combining daily classroom instruction and therapy. These outpatient services are staffed by faculty, residents, psychiatric nurses, psychologists, and social service professionals, and average 900 patient visits per month.

Presbyterian-St. Luke's Hospital has a general psychiatric open unit with 31 beds; an intensive care psychiatric unit with 19 beds; a psychiatric stress unit with 11 beds; and child psychiatry unit with 14 beds. At the Johnston R. Bowman Health Center for the Elderly there is a 22-bed geriatric psychiatry unit where treatment is tailored to the needs of older patients. Sheridan Road Hospital has an alcohol and substance abuse program, with a 20-bed inpatient unit and individual and family therapy on an outpatient basis; a Stress Disorders Unit, with 15 beds, providing treatment for the physical, emotional and social problems resulting from stressful life situations; and a closed psychiatric unit with 30 beds for general psychiatric patients. There are a total of 162 psychiatric beds in the Medical Center which have, on an average, a 95 percent occupancy rate.

Under the codirection of Michael F. Basch, M.D., and Arnold I. Goldberg, M.D., the Center for Psychotherapy has been developed within the outpatient section of the department. It has three components: education, service and research. The center directs training in interviewing skills in Track I, courses in beginning and advanced dynamic psychotherapy and theory in Tracks I-IV, and an intensive individualized elective for residents in Track IV. Post-residency training in dynamic psychotherapy is also offered.

Currently the department offers one-year postgraduate fellow-

ships in consultation-liaison, forensic and geriatric psychiatry, and a two-year postgraduate fellowship in child psychiatry. The Consultation-Liaison Service is directed by Stephanie von Ammon Cavanaugh, M.D.; the Section of Psychiatry and the Law, by James L. Cavanaugh, M.D., and Barbara Weiner, J.D.; Geriatric Psychiatry, by Lionel Corbett, M.D., Lawrence W. Lazarus, M.D., and Andrew Ripeckyj, M.D.; and the Section of Child Psychiatry, by Elva Poznanski, M.D., and Linda Freeman, M.D.

The following research projects are ongoing within the department: Collaborative Depression

Study; Psychobiology of Affective Disorders; Alcoholism and Lithium Drug Studies; Treatment of Mentally Disordered Offenders; Psychotherapy Research; Treatment of Depression Study; Cognitive Therapy; Depression in Medically Ill Patients; Anhedonia and Affect Deficit States; Psychobiology of the Elderly; Phenylethylamine in Affective Illness; Family Therapy; and Violence and Suicide in Adolescents and Children.

Inquiries should be addressed to Robert G. Zadylak, M.D., Director of Medical Education and Residency Training.

**Rosalind D. Cartwright, Ph.D.,
Chairman**

**Linas A. Bieliauskas, Ph.D.,
Director of Clinical Training**

The Department of Psychology and Social Sciences is an independently organized department of Rush Medical College, The Graduate College and Presbyterian-St. Luke's Hospital. Departmental members are responsible for a behavioral sciences curriculum in the Medical College and participate in course offerings in the College of Nursing. The department also offers a Ph.D. program in health psychology through The Graduate College.

The department provides clinical psychological services on a consultation basis to all inpatient medical departments. These services include answering general behavioral diagnostic questions, provision of short-term psychological interventions, and liaison with medical staff providers. In addition, diagnostic and intervention services are provided through specialized programs in cancer, child psychology, gerontology, neuropsychology, pain, stress management and sleep disorders. Outpatient services are also provided for diagnosis

and management of pain and stress, for cognitive remediation, and for disorders of sleep and wakefulness.

The department is also heavily involved in research endeavors in many aspects of interaction between psychology and medicine. A sampling of currently active research topics includes: cognitive and affective changes in patients with Parkinson's disease; assessment during the WADA procedure; chronic pelvic pain in males and females; innovative treatments of sleep apnea; role loss, depression, and dreaming; use of lights for resetting circadian rhythms; psychology and mental health services in HMOs; evaluation and assessment of headache disorders; behavioral studies of myotonic dystrophy; chronic hallucinosis in Parkinson's disease; assessing the effects of counseling in cancer patients; evaluation of malingering in patients with low back pain; psychological characteristics of patients with fibrositis; and cerebral decline in aging.

The department offers a predoctoral clinical psychology internship program which is fully accredited by the American Psy-

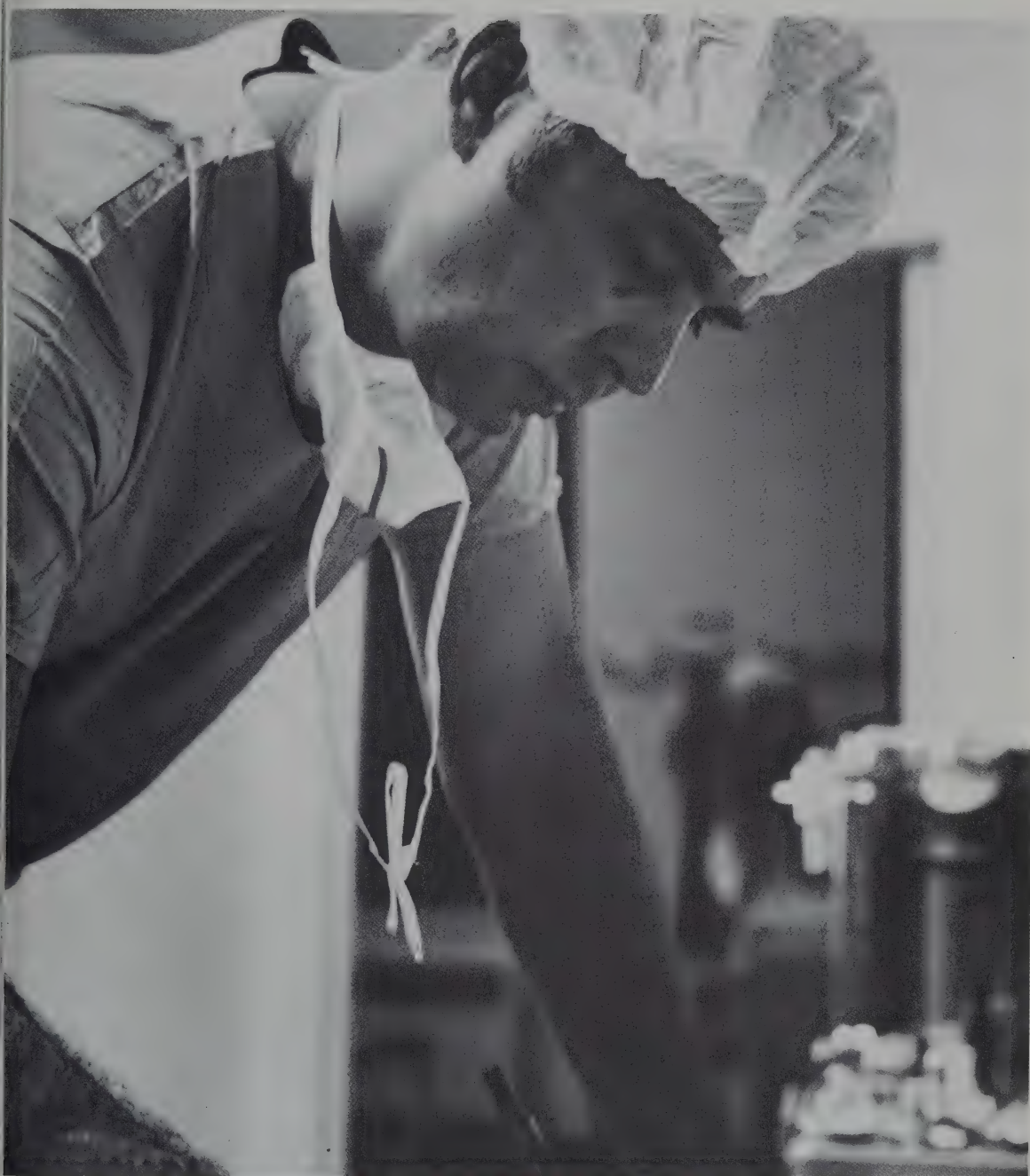
Department of Psychology and Social Sciences

chological Association. Interns apply to one of four specialty programs: Clinical Child Psychology, General Clinical Psychology, Health Psychology and Clinical Neuropsychology. Approximately 60 percent of the time is spent in specialty-related training during the internship year, with the remaining 40 percent devoted to generalized training, conferences, and seminars. All programs are designed to fulfill the internship requirement for doctoral programs in clinical psychology. One post-

doctoral fellowship is currently being offered for a two-year period in clinical neuropsychology. Funding is also being sought for postdoctoral fellowships in other specialty areas.

Supervision in training is provided by a 25 member clinical psychology staff, many of whom are board certified. The internship and postdoctoral fellowship begin on July 1. Inquiries should be directed to Linas A. Bieliauskas, Ph.D., Director of Clinical Training.





Surgical Sciences and Services

L. Penfield Faber, M.D.
Associate Dean for
Surgical Sciences and Services
and Associate Vice President
for Medical Affairs

Department of Anesthesiology

**Anthony D. Ivankovich, M.D.,
The William Gottschalk, M.D.,
Professor and Chairman**

The Department of Anesthesiology offers a four-year residency program approved by the American Board of Anesthesiology. The anesthesiology house staff consists of 24 residents. The program is an integrated, progressive, clinical experience directed toward the residents' acquisition of a broad scientific background and the clinical expertise necessary to provide excellence in their performance of anesthesiology functions for the rest of their professional lives.

To accomplish these goals, and in conjunction with the requirements of the American Board of Anesthesiology, the program is divided into a "clinical base" year (PG-1) and the "clinical anesthesia training" years (CA-1, CA-2, CA-3). Following an extensive two-month orientation and introduction to the field of anesthesiology, the first-year resident begins a clinical base year designed to provide a solid background in the fields of medicine which are in constant interplay with anesthesiology. During this 12-month period, outside of the Department of Anesthesiology, the residents train in medicine, surgery, pediatrics, and other fields which are of importance to anesthetic practice. After six months of mandatory rotations in internal medicine and surgery, the resident has the choice of training in such specialized areas as cardiology, pulmonary medicine, nephrology, endocrinology, cardiovascular surgery, obstetrics, thoracic surgery with bronchoscopy experience and high-risk neonatology. Thus the clinical base year should give residents the background necessary to deal with the respiratory, cardiovascular, and other medical problems which are important components of anesthetic practice.

During the clinical anesthesia training years (CA-1, CA-2, CA-3), under the direct supervision of the academic staff, residents are given increasing responsibilities in the management of patients undergoing anesthesia in the operating room, the labor and delivery suite, and special care areas such as radiology and the neonatal intensive care unit. With increasing maturity, residents are assigned to anesthesia specialty areas such as neurosurgery, cardiovascular surgery, obstetrics, the surgical intensive care unit, and the Pain Center. Supervision of the residents is established on a one-to-one basis with a member of the faculty during their early training and for complex cases.

The residents' fourth year of training (CA-3) follows the guidelines set forth by the American Board of Anesthesiology but is flexible enough to meet the individual needs of the resident as he/she finishes training and prepares for entry into anesthetic practice. Depending upon the resident's previous performance and anticipated practice needs, the resident and program director collaborate to select one of the three tracks designated as the "Advanced Clinical Track," "Sub-specialty Clinical Track," or "Clinical Scientist Track." Regardless of the track selected, residents in the CA-3 year will be assigned to the more difficult or complex anesthetic procedures or to the most seriously ill patients. Active participation in the department's Pain Center, in an area of research, or in the ongoing kidney, liver or heart transplant programs would also be available for the senior resident. In addition, the resident who chooses to take the Clinical Scientist Track in his/her CA-3 year, followed by six months of additional research work, may receive a Master of Science Degree in Pharmacology.

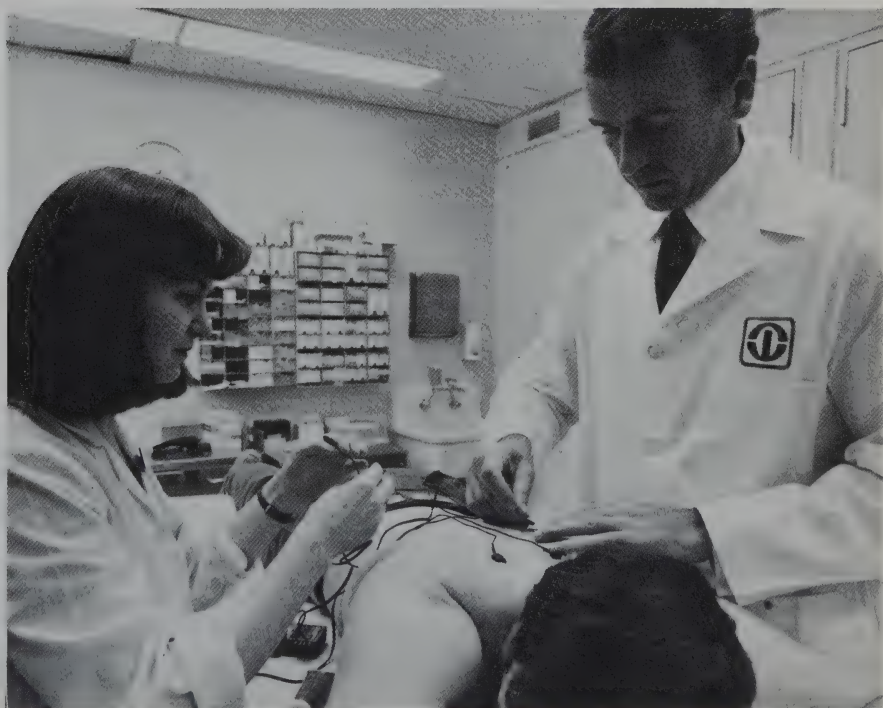
Our department's research ef-

forts encompass both basic sciences and clinical investigation. To develop and improve research skills the residents' participation is encouraged at all levels of training. A few of the ongoing areas of investigation are the development of synthetic erythrocytes and artificial blood substitutes, a non-invasive method to determine cardiac output, a cerebral blood-flow model in a subhuman primate, a shock model in dogs, drug effects in MAO-inhibited patients, new muscle relaxants and intraocular pressure, fluorinated hydrocarbon therapy in venous air-embolism, fluorinated hydrocarbon cardioplegias, thromboelastogram evaluation of bleeding etiologies in critically ill patients, P.E.E.P. strategies and their effect on morbidity and mortality, continuous epidural analgesia for postoperative pain management, H.F.V. in respiratory failure, cardiovascular hemodynamics during liver transplantation, and thromboelastogram evaluation of clotting abnormali-

ties during liver transplantation.

A weekly three-hour didactic lecture series (that continues throughout the three years of clinical anesthesia) forms the core of our residents' academic training. These lectures are supplemented with weekly grand rounds, tutorials, visiting professors, a journal club, participation at the Illinois Society of Anesthesia Study Commission, and the meetings of the Chicago Society of Anesthesiology which combine to make the program a highly structured one, both inside and outside the operating theater.

The Department of Anesthesiology offers an academic environment combined with an excellent clinical experience that will prepare the residents well for their future role as consultants and practitioners of anesthesiology. Inquiries concerning the program should be directed to Anthony D. Ivankovich, M.D., Chairman, in care of Donna Ritacco, Education Coordinator.



**Department of
Cardiovascular/
Thoracic
Surgery**

**Hassan Najafi, M.D., Chairman
and Director, Section of Cardio-
vascular Surgery**

**C. Frederick Kittle, M.D., Director,
Section of Thoracic Surgery**

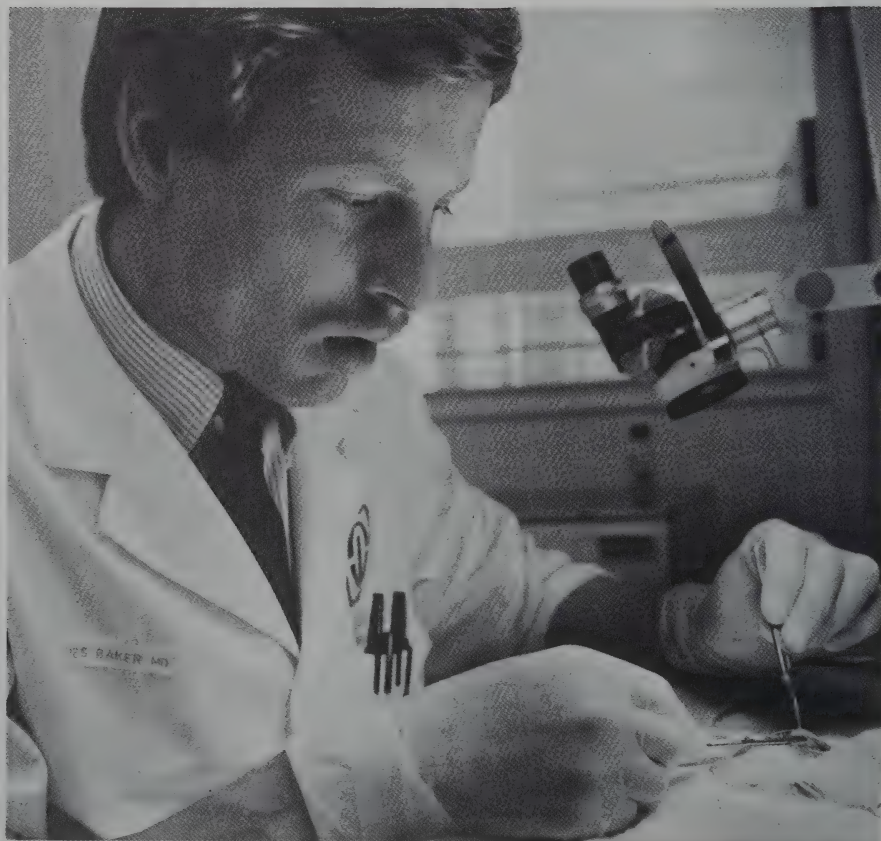
The Department of Cardiovascular/Thoracic Surgery offers a two-and-one-half to three-year residency program in cardiovascular and thoracic surgery accredited by the American Medical Association. The two sections have separate patient care functions, but share a strong, common goal in the training program. Two residents are appointed each year on January 1 or July 1. Completion of an approved surgical residency and eligibility for examination by the American Board of Surgery are prerequisites for consideration. Applicants in this program who have successfully completed their training requirements are

then eligible for examination by the American Board of Thoracic Surgery.

The focus of training in the department is directed toward providing opportunity for the resident to obtain an appropriately progressive education in the field of cardiovascular and thoracic surgery and encouraging clinical research and publications.

The major clinical rotations include three months at Children's Memorial Hospital in Chicago, six months of senior responsibilities in peripheral vascular surgery, nine months of senior responsibilities in general thoracic surgery and 12 months of senior assignments in adult and congenital cardiac surgery.

All patients admitted to the service are available for teaching. Daily rounds are conducted by at-



tending physicians and provide excellent training in bedside clinical diagnosis. The department sees approximately 3,000 patients each year. Open heart procedures, abdominal aneurysmectomy, aortic bifurcation grafting, carotid endarterectomy, femoral-popliteal bypass, and coarctation of the aorta are just a few examples of frequent procedures performed in the cardiovascular surgery section. In thoracic surgery, common procedures include segmentectomy, lobectomy, pneumonectomy, decortication bronchoplasty and sleeve resection.

At weekly formal cardiovascular-thoracic conferences, cases of interest are presented by several participating institutions from the city and suburbs. A monthly session provides the opportunity for residents to meet invited pro-

fessors. Time is also allotted for the teaching of thoracic radiology and pathology by informal instruction and regularly scheduled conferences. Residents are encouraged to submit papers for publication and presentation to national societies and journals. In addition, residents are sent to one of the scientific sessions of the Society of Thoracic Surgeons or the American Association for Thoracic Surgery.

Within the department, several programs are readily available to interested residents. If the resident chooses to spend one year in the laboratory prior to clinical education, opportunity will be given to acquire a master's degree in surgery during this period.

Inquiries concerning the program should be directed to the chairman.

Department of General Surgery

**Steven G. Economou, M.D.,
The Helen Shedd Keith, Professor
and Chairman; Chief-Service I**

*Herand Abcarian, M.D., Director,
Surgical Endoscopy*

*Steven Bines, M.D., Associate
Director, Surgical Research*

*Daniel J. Deziel, M.D., Associate
Director, Resident Clinical
Activities*

*Alexander Doolas, M.D., Director
Undergraduate Surgical
Education; Chief-Service IV*

*William C. Hopkins, Sr., M.D.,
Chief-Service B*

*Stephen C. Jensik, M.D., Ph.D.,
Medical Supervisor, Organ
Procurement/Preservation*

*Leon R. Kelleher, D.D.S., Director,
Section of Dentistry*

*Nahim H. Nasralla, M.D., Chief-
Service C*

*William Patejdl, M.D., Chief-
Service A*

*Jack Roberts, M.D., Associate
Program Director, Department
of Surgery, Christ Hospital
and Medical Center*

*David L. Roseman, M.D., Chief-
Service III*

*William D. Shorey, M.D., Con-
sultant, Postgraduate Surgical
Education; Chief-Service II*

*Albert K. Straus, M.D., Ph.D.,
Associate Director, Residency
Review*

*James W. Williams, M.D., The Jack
Fraser Smith Professor and
Director, Section of Trans-
plantation Surgery; Chief-
Service V*

*Thomas Witt, M.D., Director,
Clinical Conferences*

*Norman L. Wool, M.D., Director,
Resident Clinical Activities*

The general surgery residency training program at Rush University is accredited by the Residency Review Committee for Surgery for five years of training. Seven five-year and six one-year appointments are available.

The educational program allows the trainee to obtain a well-rounded and progressive education in general surgery and in basic principles of the surgical specialties. The program is integrated at Presbyterian-St. Luke's

Hospital (PSLH) and Christ Hospital and Medical Center in Chicago and is affiliated with Children's Hospital National Medical Center, Washington, D.C., the Maryland Institute for Emergency Medical Services Systems, Baltimore, and the Trauma Unit of Cook County Hospital in Chicago. The department at Rush-Presbyterian-St. Luke's Medical Center has over 2,000 admissions a year, with a somewhat larger number at Christ Hospital and Medical Center. Approximately 3,250 inpatient and outpatient surgical procedures are performed annually at each hospital.

The program is organized as follows: four general surgery services and the transplantation/pediatric surgery services at PSLH; three general surgery services (to include thoracic surgery and pediatric surgery) and the peripheral vascular surgery service at Christ Hospital and Medical Center and the rotations each at Cook County Hospital, the Baltimore Trauma Center and at Children's Hospital National Medical Center.

First-year residents spend six months in general surgery; it is divided into three two-month rotations. Additionally, one month each is spent on cardiovascular/thoracic surgery, emergency room and the Surgical Intensive Care Unit. Two months are available for elective rotations in such specialties as plastic and reconstructive surgery, E.N.T., urology or neurosurgery.

The second year of training completes the core training program in basic surgery. There are seven rotations: four in general surgery, one in orthopedic trauma, one in pediatric surgery at the Children's Hospital National Medical Center, Washington, D.C., and one at the Trauma Unit of Cook County Hospital. The second-year residents begin to participate in the teaching of medical students and first-year residents, assisted by the senior residents and attending surgeons.

Assignments during the third year of residency are more flexible. Each third-year resident has a two-month rotation on the Emer-



gency Room Service at the Maryland Institute for Emergency Medical Services Systems, Baltimore. There are two rotations on general surgical services as well as rotations to anesthesia, surgical endoscopy and surgical pathology. All residents in the program are strongly encouraged to initiate or participate in research projects. Every effort is made to provide resources for such activity, which constitutes an important element in a resident's proper training.

In the fourth-year of the program the resident is engaged in full clinical activity, with the residents assuming increased responsibility for the primary management of patient care. The fourth-year resident is the "chief" resident on the transplantation/pediatric surgery service and on the peripheral vascular surgery service.

Each fifth-year resident spends the entire year as the chief surgical trainee on one of the general surgery services.

Every board-certifiable specialty in surgery is represented in the program which allows a resident to interact with his peers from many disciplines during the care of patients.

Because Presbyterian-St. Luke's Hospital is a tertiary care institution, many of its patients have complex surgical problems. Accordingly, a large number of operations are performed within its new, 24-room surgical suite, including some of the most sophisticated in nature. Christ Hospital and Medical Center has a similarly large number of patients with surgical problems, a higher proportion of which are primary. The affiliated rotations address narrower, but indispensable needs of the residents' training. This varied population of patients offers trainees the full spectrum of a surgical clinical experience.

A liver transplant program has been initiated at PSLH and already is one of the busiest in the nation. The renal transplantation program is well established, with approximately 60 renal grafts being performed annually.

All residents with each surgical service make patient rounds as a group at least once daily. Informal rounds with attending surgeons are made daily, and formal rounds less frequently. A broad range of conferences are held throughout the institution, many with a surgical orientation and some conducted by the department. These include surgical grand rounds, patient management conference, the surgical reading program, journal review, pathology conference, surgical specialty lectures, the tumor conference, breast conference, lymphoma conference, CV conference, GI conference, and a number of others.

In summary, the program is broadly based, challenging the residents with a large number of patients who have the spectrum of surgical illnesses. The training is offered in a number of desirable settings and in a manner permitting graduated responsibility. It is a program typified as one of strong, academically based general surgery.

Section of

Pediatric Surgery

The focus of the Section of Pediatric Surgery at Presbyterian-St. Luke's Hospital is the delivery of optimal care to infants, children, and adolescents with critical problems consistent with the tertiary care commitment of the hospital. House officers are responsible for the pediatric surgical patients during their assignment to the General Surgery Service IV. Our Perinatal Care Center for high-risk

infants increases the number of patients seen with congenital anomalies that require surgical management. Two days a week are assigned to this section for elective surgery. Ward rounds are held regularly. This experience is in addition to that gained at the Children's Hospital National Medical Center, Washington, D.C.

Section of

Dentistry

Leon R. Kelleher, D.D.S., Director

The Section of Dentistry is a clinically-oriented service whose major academic effort revolves around its General Practice Residency Program. The dental service is fully accredited by the Council on Hospital and Institution Dental Services of the American Dental Association. The General Practice Residency Training Program is fully accredited by the Council on Dental Education.

The dental service is built

around a nucleus of hospital-trained general practitioners and includes representatives of several specialties. The major portion of the clinical experience is in private outpatient treatment, with emphasis on management of the medically-compromised patient.

The training program is flexible, according to the needs and interest of the trainee. It includes a concentrated three-month rotation in pain control, anesthesiology, and intravenous sedation. The medical aspects of dental practice and opportunities to participate in treating the handicapped, the aged, and the acute or chronically ill are emphasized. Each resident receives extensive experience in all aspects of oral surgery that might be encountered by a well-trained general practitioner.

Direct inquiries concerning the program to William D. Shorey, M.D., Director, Postgraduate Surgical Education.

Department of Neurological Surgery

Walter W. Whisler, M.D., Ph.D., Chairman

The Department of Neurological Surgery offers one position annually in a six-year, post-M.D. training program approved by the American Board of Neurological Surgery. The clinical aspects of the program are organized around the principle of progressive, graded responsibility with appropriate supervision.

During the first year, time is spent on rotation through general surgery and other surgical departments to develop a broad knowledge of the surgical arts and sciences. The second year is spent in clinical neurosurgery with emphasis on diagnostic neuro-radiology. In the third year, there is a six-month rotation in neurology and six months in neuropathology. The fourth year is set aside

for research or electives, and the last two years are devoted to clinical neurosurgery. Rotations often can be modified to accommodate special interests.

Training is centered within Presbyterian-St. Luke's Hospital. There are approximately 512 neurosurgical procedures performed per year.

The program is designed to present the basic neurological sciences as well as the practical aspects of neurosurgery. During the year, residents will attend neurology and neurosurgery grand rounds, brain cutting seminars, and a neurosurgical topic seminar. During the first part of the neurosurgical training, the resident will attend the Cook County Postgraduate Neuroscience Course. Primary among the strengths of the Department of

Department of Obstetrics and Gynecology

Neurological Surgery is the broad variety of clinical problems that are studied and managed. Besides general cranial, spinal, pediatric, and epilepsy neurosurgery, many microsurgical and stereotaxic procedures are performed.

Research facilities within the Department of Neurological Surgery include laboratories for neurochemistry, neurophysiology and tissue culture and two full-time Ph.D.s who are actively engaged in research. Some of the projects that are carried out are done with the cooperation of other depart-

ments and other institutions. They include: investigation in motor physiology; spasticity; immunology of brain tumors; implantable drug pumps; neuro-imaging and cerebral vascular disease. Thus, a broad range of clinical as well as experimental projects is being carried out within the department, and there is an opportunity for the interested resident to participate in these activities during residency training.

Inquiries concerning the program should be directed to the chairman.

**George D. Wilbanks, M.D.,
The John M. Simpson Professor
and Chairman**

*Frank Salamone, M.D., Chairman,
Christ Hospital and Medical
Center*

*Norman Neches, M.D., Director,
Integrated Residency Program,
Presbyterian-St. Luke's
Hospital*

*Vinod Patel, M.D., Program
Director, Christ Hospital and
Medical Center*

The Department of Obstetrics and Gynecology offers a four-year post-medical school training program approved by the American Board of Obstetrics and Gynecology. The residency emphasizes comprehensive experience in all phases of obstetrics and gynecology, as well as experience in internal medicine, neonatology, anesthesiology, intensive care, and obstetric and gynecologic pathology. The physician is prepared for the practice of general obstetrics and gynecology, for further subspecialty training, or for a career in academic obstetrics and gynecology. This is an integrated residency program that combines the departments of obstetrics and gynecology of both Presbyterian-St. Luke's and Christ hospitals to provide a total, well-balanced experience. Elective time may be spent in clinical rotations or basic research programs in the Depart-

ment of Obstetrics and Gynecology or in related specialties depending on the interest of the individual resident. There are seven positions at each level of a four-year program for a total of 28 residents. Fellowships are available in maternal/fetal medicine and reproductive endocrinology and infertility.

All members of the attending staff are certified by the American Board of Obstetrics and Gynecology. They are actively engaged in teaching programs for house staff and medical students. Residents at all levels are involved in student teaching at Rush Medical College.

During the first year, the resident spends ten months in obstetrics and gynecology, learning basic patient management skills and simple operative techniques. There is additional off-service rotation through general medicine. In the second year, the resident assumes more responsibility in each rotation. In the third year, the resident begins to manage patients having more complicated problems, both in regard to preoperative work-up and obstetrical problems, and assumes more operative responsibility. There is a formal rotation on the high-risk obstetrics as well as the gynecologic endocrinology services, and

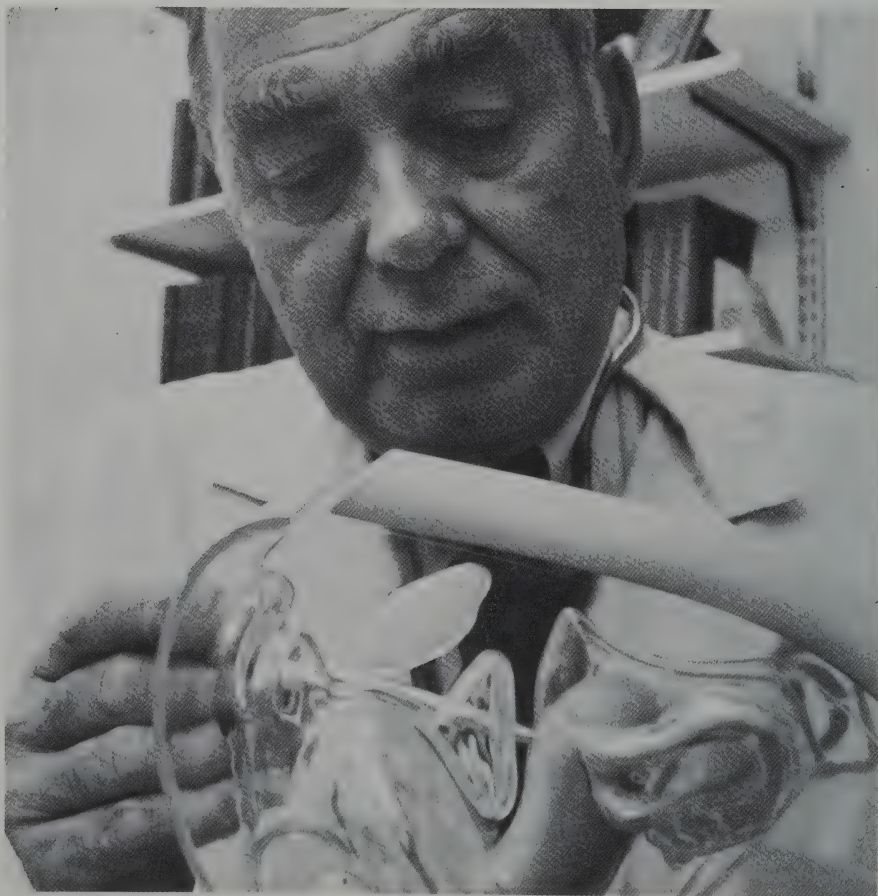
responsibility for coverage of the emergency room. During the fourth year, the resident serves as chief of the respective services in obstetrics and gynecology, both at Rush and at Christ Hospital and Medical Center. In addition, the resident supervises the obstetrical outpatient activities at the Mile Square Health Center. The resident also serves as a fellow on the oncology service, supervising patient activities with special emphasis on colposcopy and gynecologic pathology.

Each resident is required to complete at least one research project of his/her choice with a faculty advisor during the four years, for presentation at the Resident Seminar each spring. Many projects result in published papers and presentations at re-

quired national and international meetings.

All services are available for teaching and clinical experience, which encompasses a broad scope of problems including all subspecialties as listed. Active teaching clinics are conducted in the outpatient offices located in the Professional Building, the Mile Square Health Center, and at Christ Hospital and Medical Center. The services have a total of 7,500 deliveries and 5,000 operative procedures annually, with emphasis on tertiary care problems in high-risk obstetrics, oncology, endocrinology, and complicated gynecologic operative procedures.

The department has staff representation in the major obstetric and gynecologic subspecialties:



perinatal biology, endocrinology and infertility (including in vitro fertilization), oncology, community obstetrics, family planning, obstetric anesthesia, sexual dysfunction, and psychosomatic obstetrics and gynecology. Each subspecialty involves interdisciplinary associations to broaden patient care, teaching and research objectives, and there is maximum interdepartmental exchange and cooperation. Faculty with these diverse backgrounds, yet with a common interest in clinical obstetrics and gynecology, offer the resident depth in basic training and opportunity for specialized consultation and learning.

Applications for this residency program should be made to: George D. Wilbanks, M.D., Chairman, or Norman Neches, M.D., Director of the Integrated Residency Program.

Section of

General Gynecology

Denes Orban, M.D., Director

Carlos Rottman, M.D., Associate Director

Peter Sand, M.D., Associate Director

This section stresses the need for theoretical and practical instruction in the surgical aspects of gynecology, both abdominal and vaginal. Following the influence of Drs. Heney, Allen and Boysen, this section has strong emphasis on vaginal surgery. Concomitantly, members of the section have an interest in urological problems associated with pelvic relaxation, and a strong interest in infections in obstetrics and gynecology, where clinical research programs are ongoing.

Residents rotate through the general gynecology services each year, a program providing increasing responsibility for preoperative evaluation through surgery and

postoperative care. The majority of surgical procedures are performed by the residents and supervised by the senior resident, who has adjunct attending privileges. The gynecologic attending staff has overall responsibility for all procedures performed by residents. Residents are also involved in uro-gynecology, urodynamic laboratory.

Formal teaching activities of this section include grand rounds, patient bedside rounds, and a daily patient management conference. Each spring, a visiting professor is invited to participate in the annual seminar on "Aspects of Gynecologic Surgery."

Section of

Gynecologic Oncology

Edgardo Yordan, M.D., Director

James Graham, M.D., Associate Director

George D. Wilbanks, M.D.

The gynecologic oncology section offers a focus for continuity of care for gynecologic oncology patients. It is a multidisciplinary section which coordinates the diagnosis, management, and follow-up of the oncologic patient with diagnostic radiology, pathology, surgery, radiation therapy, and medical oncology. There are over 200 new patients each year with various gynecologic malignancies and operative procedures.

The section offers residents supervised experience in diagnosis, management, and follow-up for gynecologic malignancies. Residents spend 20 percent of their time in a multidisciplinary follow-up clinic and a diagnostic and colposcopic clinic. Rotations in gynecologic oncology are given for second-, third-, and fourth-year residents. The entire gynecologic oncology rotation is currently conducted at Presbyterian-St. Luke's Hospital.

Teaching consists of informal rounds, a weekly multidisciplinary clinic teaching conference and the formal Gynecologic Tumor Board. Topics related to gynecologic oncology are discussed at grand rounds and the general tumor conferences on a periodic basis.

Several clinical research projects are in progress within the division and in cooperation with the nationwide Gynecologic Oncology Group. All residents are involved in basic cancer patient care and may elect to pursue a clinical or basic project during their training period.

Section of

Maternal/Fetal Medicine

**Howard T. Strassner, M.D.,
Director**

**Donna Kirz, M.D., Associate
Director**

The focus in the Section of Maternal/Fetal Medicine is care of the high-risk mother and fetus, both at Rush-Presbyterian-St. Luke's Medical Center and within the Rush Perinatal Network. Education of physicians is a vital portion of this responsibility.

The section offers residents and fellows supervisory experience with inpatients and outpatients. Twenty-five percent of our deliveries are high risk, totalling approximately 800 per year. Residents spend approximately 20 percent of their time in clinics, and are responsible with the fellow in maternal/fetal medicine for high-risk patients seen and admitted to Presbyterian-St. Luke's Hospital. Rotations also are available in other departments and at network hospitals. Teaching consists of informal rounds, patient conferences, lectures, and seminars. Basic and clinical research is encouraged. The resident also has the opportunity for in-depth

studies of special problems of obstetrics in the Perinatal Biology Laboratory. Members of the available staff are assigned for two months at a time, and fellowships are available at the end of the final year of residency training.

Fellows must be eligible for certifications by the Board of Obstetrics and Gynecology, and licensed in the State of Illinois as prerequisites to acceptance. Please direct inquiries to: Howard T. Strassner, M.D., Director, Section of Maternal/Fetal Medicine.

Section of

Obstetrics and Gynecology Research

**Lourens J.D. Zaneveld, D.V.M.,
Ph.D., Director**

The Section of Obstetrics and Gynecology Research aims at amalgamating and coordinating all the research going on in the department and encouraging new research by the faculty, residents and students. The residents' research program is organized through this section. For this purpose, the residents meet regularly to discuss research topics, protocols and progress. At other times, the section meets to discuss more basic research areas. Didactics covering research design and other topics are also held.

Section of

Psychosomatic Obstetrics and Gynecology

**Stephanie Cavanaugh, M.D.,
Director**

Recognizing that the obstetrician-gynecologist is often the primary provider of health care to his/her patients, the Section of Psychosomatic Obstetrics and Gynecology is organized to stimulate and encourage expertise in this area.

A productive liaison exists with the Department of Psychiatry. Combined appointments have produced an interdisciplinary team of clinicians and a research group. Consultation concerning patients with psychosomatic problems and/or unusual emotional difficulties is available to the staff at all times.

Residents have the opportunity to acquaint themselves with the effect of the emotions on reproductive and gynecologic physiology, as well as the importance of social and economic factors in physical and mental health. The case method is used as a tool in teaching. The department is devoted to the principle of good patient care and to developing new systems for delivering this care to the community. Faculty of this section attempt to stimulate

trainees to develop their own special interests by providing opportunities for enhancing their understanding of and expertise in the field.

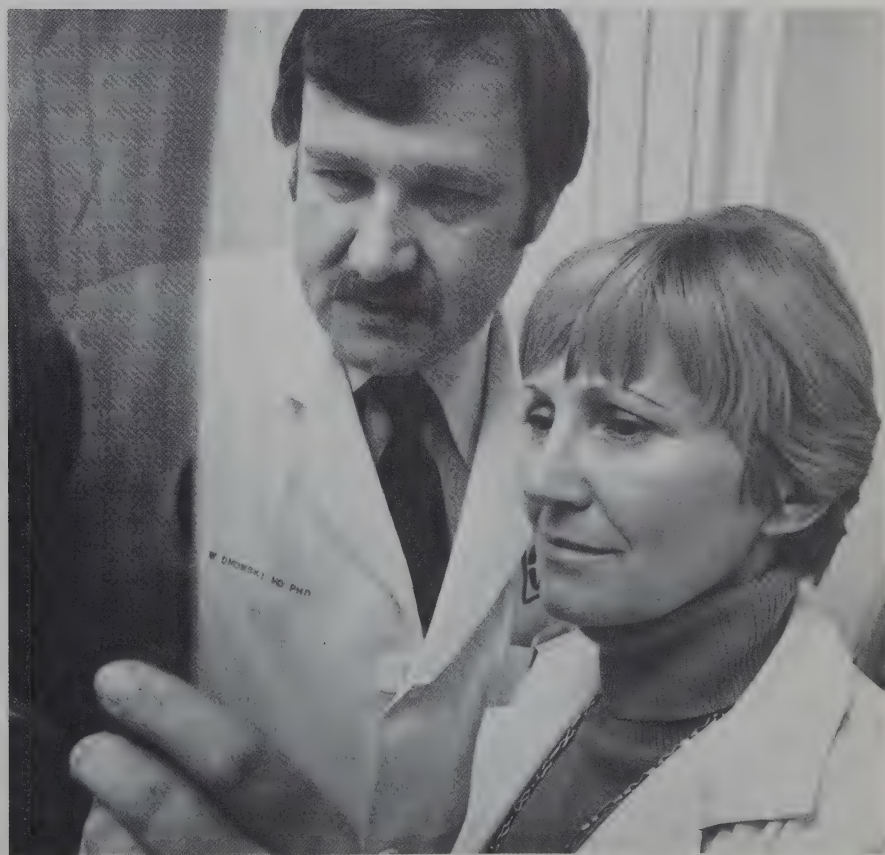
Section of

Reproductive Endocrinology and Infertility

***W. Paul Dmowski, M.D., Ph.D.,
Director***

***Ewa Radwanska, M.D., Associate
Director***

Reproductive endocrinology and infertility is one of three subspecialties recognized by the American Board of Obstetrics and Gynecology. The Section of Reproductive Endocrinology and Infertility coordinates activities in this area within the Department of



Obstetrics and Gynecology. The main efforts of the section are concentrated on:

1. Providing an up-to-date, comprehensive and scientific approach to the diagnostic evaluation and treatment of infertile couples, including in vitro fertilization and embryo transfer.
2. Comprehensive and scientific management of endocrine disorders in women.
3. Teaching of reproductive endocrinology and infertility at all levels of medical education—medical students, residents and subspecialty fellows.
4. Conducting clinical and basic reproductive research.

The clinical activities of the section utilize the resources of the private practices of its members. The patients are seen in the Infertility/Endocrinology Center where the complete diagnostic evaluation and ambulatory treatment of reproductive disorders are performed. The center contains a sperm bank and is backed by the Endocrine Laboratory, In Vitro Fertilization Laboratory, Microsurgery Laboratory and other facilities of the Medical Center. Procedures such as laparoscopies, hysteroscopies, in vitro fertilization, embryo transfer and infertility surgery are performed in the inpatient and outpatient surgical facilities of the Medical Center.

Teaching activities of the section consist of regularly scheduled lectures, conferences, seminars, grand rounds, case presentations, journal club meetings and other didactic sessions as well as "bedside" teaching in the Medical Center, operating room and on surgical floors. Senior students (not more than one at a time) who sign up for the elective clerkship, participate in all activities of the section under direct supervision of the resident, fellow and attend-

ing physician. They are assigned a topic for library research, the results of which they present to the staff at one of the conferences. Students may also participate, at the discretion of the attending physician, in ongoing research projects.

One resident, at the third-year level, is assigned to the section for a seven-week rotation. The resident participates in all clinical, surgical and didactic activities of the section and is encouraged to either take part in one of the ongoing research projects or to develop a project of his/her own. The results of such a project may be chosen for a poster display on Rush University Day. The resident is responsible for surgical admissions, schedules, orders, dictations and discharges. During the rotation, he/she is expected to develop a basic knowledge of reproductive disorders, surgical skills in laparoscopy and hysteroscopy and to become familiar with microsurgical techniques.

The educational program of the section is approved by the American Board of Obstetrics and Gynecology for a two-year fellowship. Two fellows, one at each year level, participate in all clinical, didactic and research activities of the section. In addition, the fellows pursue their own research projects and other activities as a part of their advanced training in reproductive endocrinology.

Members of the section conduct clinical and basic reproductive research supported by intramural and extramural grants. Current research interests and activities of the section include studies on etiologic factors of endometriosis, the effect of various treatment regimens on this disease and, in particular, the effect of a synthetic steroid, danazol, on endometriosis. Identification of an optimal method of long-term estrogen replacement, management of dysfunctional

uterine bleeding, sperm separation for sex preselection, studies of luteal deficiency, and other factors affecting prognosis of induction of ovulation, such as hyperandrogenism and hyperprolactinemia are some of the examples of ongoing clinical research. Other projects include effects of tubal surgery on ovarian function, evaluation of microsurgical techniques of tubal reconstruction, processing of semen for male infertility and development of improved methodology for the cryopreservation of semen.

Section of

Ambulatory Reproductive Health Care

Norman Neches, M.D., Director

The Section of Ambulatory Reproductive Health Care offers a wide range of experience in the

ambulatory care of the obstetrical and/or gynecological patient. These experiences include routine health maintenance, prenatal care, cancer detection, venereal disease detection and treatment, family planning, and detection and treatment of gynecologic disease.

In the ambulatory setting, the resident has the opportunity to follow the obstetrical patient both prenatally and during the postpartum period. For those gynecological patients requiring surgery, the resident follows the patient both preoperatively and postoperatively at Mile Square Health Center and in the private office of Women's Health Consultants.

Emphasis is placed on preventive medicine and patient education. A resident may elect, with consent of the director, to engage in programs to develop particular skills in this area.

William E. Deutsch, M.D., Chairman

*Thomas A. Deutsch, M.D.,
Program Director*

Residency training in ophthalmology is a three-year program accredited by the Accreditation Council for Graduate Medical Education. Two residents are appointed each year and begin their ophthalmological training after one year of pre-ophthalmologic residency, in cooperation with the Department of General Surgery at Rush-Presbyterian-St. Luke's Medical Center. In this R-1 year the rotations include internal medicine, neurology, infectious disease, plastics, ENT, neurosurgery, general surgery as well as ophthalmology. Positions are filled through the Ophthalmology Matching Program sponsored by the Association of University Professors of Ophthalmology.

The primary purpose of the ophthalmology program at the Medical

Center is to convey a thorough clinical knowledge for the excellent care of patients with all types of eye problems. Opportunities do exist for clinical and basic research throughout the three-year program; this is not a prerequisite for completion of the program.

The training program emphasizes continual follow-up of patients from the beginning of training. There is not a strict pyramidal system of graduated responsibilities, and the rate of development of surgical technique is limited only by the resident's personal competence. Extraocular procedures are performed immediately after beginning the ophthalmology service. Intraocular procedures may be performed beginning in the latter half of the year. An attempt is made to conduct the program so that each resident may follow patients throughout the three years of the residency. The Amer-

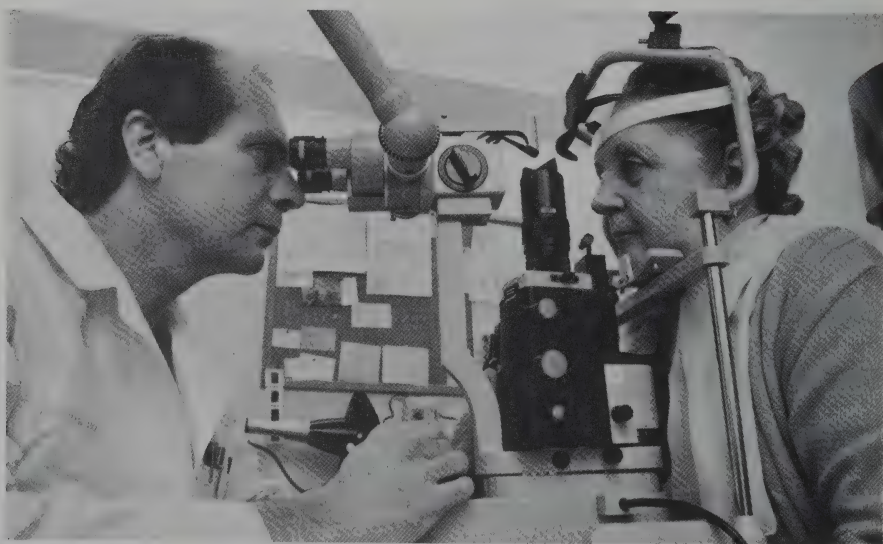
Department of Ophthalmology

ican Academy of Ophthalmology home study course is provided for each resident and assistance with this course is provided. The Chicago Curriculum in Ophthalmology, a city-wide basic and clinical science course, is mandatory for all eye residents. Clinical lectures by faculty, as well as conferences, are given on a regularly scheduled basis. Grand rounds in other departments are available if the subject is of ophthalmic interest. First-year ophthalmic residents spend one-half day each week learning ophthalmic pathol-

ogy and preparing presentations for pathological conferences.

Most outpatient clinical activity occurs in the Joseph and Helen Regenstein Eye Center of Rush-Presbyterian-St. Luke's Medical Center. This is a modern clinical complex with full facilities including Argon and YAG laser, complete ultrasonography, electroretinography, fluorescein angiography and other ophthalmic photography including video recordings.

Inquiries should be addressed to the chairman.



Department of Orthopedic Surgery

**Jorge O. Galante, M.D.,
The William A. Hark, M.D.,
Susanne G. Swift Professor
and Chairman**

The Department of Orthopedic Surgery offers a five-year residency accredited by the American Board of Orthopedic Surgery. Four positions are available each year at Postgraduate Level 1. For those who have completed a residency in orthopedic surgery and are seeking specialized training, additional one-year postgraduate fellowships are available in joint replacement surgery, spinal surgery, surgery of the hand, and

orthopedic research.

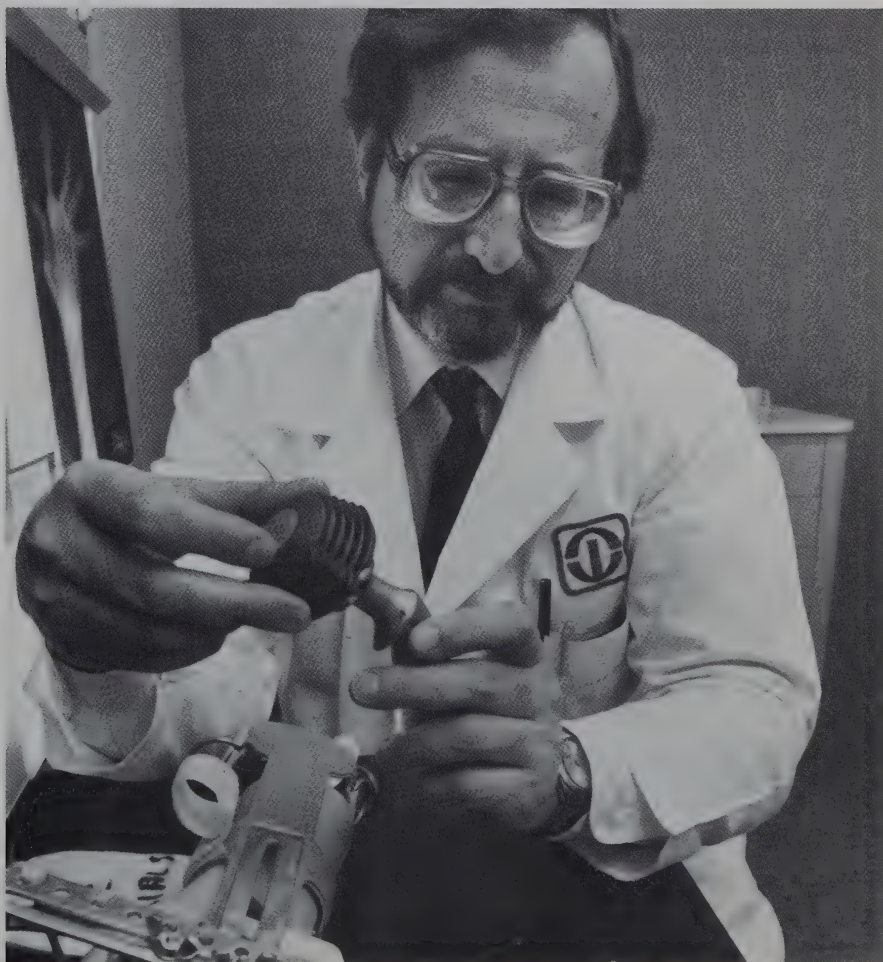
The prime focus of the residency is to prepare clinicians who are well trained in all facets of orthopedic surgery. In addition to ample exposure in general orthopedics, the residents participate in the care of patients with complex problems in joint replacement, spinal deformities, pediatric orthopedics, orthopedic oncology, hand surgery, adult spine surgery, foot surgery and sports injuries. All residents are expected to participate in clinical research during their training. For those who have academic interests, there is an

opportunity for either a six- or 12-month rotation in laboratory research.

The residency is organized on the principle of increasing resident responsibility under the supervision of the attending staff. The first postgraduate year is a rotating surgical internship with exposure to general surgery, neurosurgery, cardiovascular surgery, plastic surgery, and surgical intensive care. During the second and third postgraduate years, the resident serves as a junior house officer on the orthopedic services at Rush-Presbyterian-St. Luke's Medical Center and Christ Hospital and Medical Center. The elective rotation in orthopedic research is available during the third

postgraduate year. During the fourth year the resident serves six months at a senior resident level at the Medical Center and six months on the pediatric orthopedic rotation. The pediatric orthopedic rotation is either at Shriner's Hospital for Crippled Children in Chicago or at Denver Children's Hospital. The fifth postgraduate year is a chief resident position with advanced surgical and patient care opportunities at both Rush and Christ Hospital and Medical Center.

All patients at Rush and the affiliated hospitals are available for the teaching experience. Clinical exposure encompasses a broad scope of musculoskeletal problems



including joint replacement, spine surgery, pediatric orthopedics, orthopedic oncology, trauma, sports injuries, hand surgery, foot surgery and surgery for arthritis. Outpatient exposure is provided in the private offices of the attending staff which are located in the adjacent Professional Building. Resident-supervised clinics are held weekly encompassing patients with fractures, pediatric orthopedic problems, cerebral palsy and general orthopedics. The attending staff at Rush consists of 11 full-time board certified orthopedic surgeons. All areas of orthopedic subspecialty are represented.

In addition to clinical teaching, daily didactic conferences are held at the Medical Center. These conferences cover topics including surgical indications, pediatric orthopedics, surgical anatomy, sports medicine, basic sciences, and histopathology of musculoskeletal disorders. Weekly grand rounds are held on Saturday morning and interesting cases are presented by the residents and are discussed by the attending staff, with participation of orthopedic surgeons from the community. Distinguished visiting professors are invited several times a year with their emphasis centering on lectures and discussions with the resident staff. Workshops on technical skills in orthopedic surgery are held during the year to give the residents additional "hands-on" exposure in specialized surgical skills.

The department maintains a dedicated emphasis on both basic and clinical research. A full-time staff of over 30 professionals, including three with Ph.D. degrees, is employed in orthopedic research. The biomechanics laboratory contains a sophisticated opto-electronic gait analysis laboratory which is utilized in projects evaluating total joint arthroplasty, cerebral palsy, and knee

ligament injuries. Other areas of ongoing investigation include stress analysis of total hip and total knee prostheses, bone remodeling biomechanics, materials analysis of orthopedic implants, development of new prosthetic devices, new applications of bio-electricity in orthopedics, and cartilage biochemistry. The Department of Orthopedic Surgery has pioneered the use of porous materials to attach prosthetic implants to the skeleton. Research from the department has won numerous national and international awards.

Section of

Spinal Surgery

**Ronald L. DeWald, M.D.,
Director**

The Section of Spinal Surgery offers a unique surgical experience in the treatment of spinal afflictions. Deformities, tumors, infections and degenerative and metabolic diseases of the spine are seen in large numbers in this section.

The Section of Spinal Surgery has been enlarged and now encompasses three orthopedic spine surgeons and soon will enlarge to five. This section sees approximately 700 new spinal surgery patients per year. Three to six surgical procedures are performed each week. During the residency training program, the resident moves through the operating room from first assistant to assuming the operative responsibility as various techniques are mastered. Daily rounds are conducted by the attending physicians and provide excellent training and bedside clinical diagnosis. Commensurate with ability, the resident assumes full responsibility for preoperative work-up and postoperative care of all patients. City-wide monthly spine conferences are held throughout

the school year. Clinical research is encouraged in this section and basic research in the biomechanics of the spine is performed in conjunction with the Gait Analysis Laboratory and the Department of Orthopedic Surgery.

The Section of Spinal Surgery is an integral part of the Department of Orthopedic Surgery and the residents participate in orthopedic grand rounds and other orthopedic conferences and training programs.

Section of

Orthopedic Oncology

Steven Gitelis, M.D., Director

The Section of Orthopedic Oncology is responsible for the diagnosis and treatment of musculoskeletal neoplasms. This includes soft tissue tumors primarily of the extremities and also primary bone tumors. In addition, the section is responsible for the care of patients with metastatic bone disease.

The management of primary bone and soft tissue tumors emphasizes the concept of limb salvage. This amounts to removal of the neoplasm with reconstruction to provide for a functional return. Limb salvage requires extensive knowledge and experience in the area of bone transplantation, prosthetic replacement, and tumor biology. In addition to the clinical care of patients with musculoskeletal tumors, the section has developed a broad-based research program. Clinical research is being performed in tumor biology and diagnosis. Basic science research is being done in the area of tumor biology. This is being performed utilizing tissue culture methodology and also using animal models. In addition, bone transplantation research is being done primarily looking at the influence of electrical stimulation on the healing of allografts.

The Section of Orthopedic Oncology is comprised of one full-time orthopedic surgery attending and an orthopedic oncology



nurse clinician. Residents and medical students rotate on the service on a regular basis. Elective clerkships in orthopedic oncology can be arranged for senior medical students. Finally, the Section of Orthopedic Oncology has at present a postdoctoral fellow working both in the clinical care of oncology patients and in the research laboratory. A weekly pathology conference is held on Friday in the Pathology Department. A once-a-year National Bone Tumor Conference is sponsored by the Section of Orthopedic Oncology.

Section of

Orthopedic Research

***Thomas P. Andriacchi, Ph.D.,
Director***

The research program in the Department of Orthopedics is divided into three basic science categories: biomechanics, biomaterials and biochemistry. The common goal that links these diverse scientific disciplines is their association with the prevention, treatment and understanding of musculoskeletal diseases. Each of these basic science areas interacts with the clinician to address both basic and clinically relevant research problems. The fundamental goal of the research section is to promote the interaction between the clinician and the basic sciences as well as the interaction between the basic sciences in the areas of biomechanics, biochemistry and biomaterials. The educational aspects of the program include pre- and postdoctoral training, and the basic sciences for orthopedic residents and clinical fellows. More than thirty technical and professional staff are involved in the orthopedic research. Seminar speakers from throughout the United States and abroad interact with the

group. Seminars and projects are carried out in close collaboration with the departments of biochemistry and pathology, as well as several universities and the National Institutes of Health.

Following is a description of the basic research program:

1. Biomechanics Program—
Thomas P. Andriacchi,
Ph.D., Director

The biomechanics activities apply basic principles from mechanics to the study of the human musculoskeletal system. These studies are designed to address orthopedic-related problems. Current research activities include the functional analysis of patients treated with various types of total joint replacement using gait evaluation methods. Recently work has begun on the study of sports-related injuries and the use of biomechanical functional evaluation to analyze and evaluate various injuries and treatment modalities. The laboratory also utilizes analytical techniques to mathematically model the musculoskeletal system.

2. Biomaterials Program—
Jorge O. Galante, M.D.,
Director

The use of titanium materials attached by a bone ingrowth to replace defects in the skeletal system has been a noteworthy development from our laboratories. Further research in this area is continuing. An important aspect of this study is the analysis of the mechanical factors that influence bone remodeling. A new program is beginning in the department to quantitate specific mechanical parameters and their relationship to a biological response in bone. There is also an ongoing study of the metal ion released from various

implant materials to calculate potential toxic or carcinogenic effects of the metals in the body.

3. Biochemistry Program—
James H. Kimura, Ph.D.,
Director

Primary emphasis has been on the biosynthesis of proteoglycans and the molecular mechanism. It is believed that understanding the molecular mechanisms for this process will lead to improved treatment for degenerative diseases of this tissue such as osteoarthritis.

Another aspect of the orthopedic research program is the study of a spectrum of low molecular

weight proteins extracted from cartilage. Research on the molecular organization of the extracellular cartilage matrix is carried out, including changes that occur during the differentiation of epiphyseal cartilage, calcification and replacement by bone and during osteoarthritic lesions, which have functionally been defined as the "anti-invasive factor" (AIF). Current studies concentrate on the separation and characterization of the anti-invasion factor(s), its mechanism of action and the biochemistry of the specific growth inhibitory factor(s).

Inquiries regarding the program should be directed to the chairman.

**David D. Caldarelli, M.D.,
The Stanton A. Friedberg,
M.D., Professor and Chairman**

The Department of Otolaryngology and Bronchoesophagology offers a five-year residency fully accredited by the American Board of Otolaryngology. The training program consists of one resident per year with the first year of training in general surgery and the remaining four years in otolaryngology. Under the direct supervision of the full-time and part-time attending staff, the residents assume full responsibility for preoperative, operative and postoperative patient care.

At network hospitals separate clinical and surgical rotations in facial plastics and neuro-otologic surgery and pediatric otolaryngology provide supplemental training.

Hospital admissions are approximately 1,000 patients annually with an average daily census of 25. The outpatient otolaryngology clinic held four days per week averages approximately 4,000 outpatient visits per year. Clinical instruction is supervised by the part- and full-time attending staff. Annually, 1,400 surgical proce-

dures provide experience in microscopic otology, head and neck oncology, craniofacial anomaly, maxillofacial traumas, head and neck reconstructive surgery and bronchoesophagology. Extensive laser and cryosurgery experience is also available.

Resident exposure to basic laboratory or clinical research is provided and currently involves assessment of chronic middle ear disease, airway problems in association with craniofacial anomalies, the cytologic aspects of head and neck tumors, and pathophysiology of sleep apnea syndrome. In conjunction with the Department of Therapeutic Radiology and the Section of Medical Oncology, the efficacy of adjunctive chemotherapy in head and neck cancer is being studied. In conjunction with the Section of Communicative Disorders, head and neck cancer patients continue to be studied as they receive comprehensive rehabilitation services. The resident staff is expected to submit scientific papers for presentation at local and national society meetings. Each resident is afforded the opportunity to attend a national specialty

**Department of
Otolaryngology
and Broncho-
esophagology**

meeting or postgraduate medical education course in each year of training.

Inquiries concerning the program should be directed to the department chairman.

Section of

Communicative Disorders

Thomas W. Jensen, Ph.D.,
Director

The Section of Communicative Disorders functions as an integral part of the Department of Otolaryngology and Bronchoesophagology. Approximately 4,500 patients are seen each year for audiological assessment, speech,

language, and voice evaluations and therapy. Rotations through the section with case demonstrations and tutorial sessions can be arranged upon request. The otolaryngology resident spends approximately five percent of his/her time within the section during the first four months of residency. Lecture and discussion topics include speech and hearing science as well as evaluation and management of a broad range of communicative disorders. Principles and interpretation of audio-vestibular testing are discussed, including impedance audiometry, central auditory function, auditory evoked potentials and electronystagmography.



Department of Pathology

Ronald S. Weinstein, M.D.,
The Harriet Blair Borland
Professor, Chairman

Victor E. Gould, M.D., *Associate*
Chairman

Meryl H. Haber, M.D., *Associate*
Chairman

The Department of Pathology offers an integrated five-year residency in anatomic and clinical pathology at Rush-Presbyterian-St. Luke's Medical Center and Christ Hospital and Medical Cen-

ter, fully accredited by the American Medical Association. An optional one- to two-year fellowship is offered for additional training in surgical pathology subspecialties or in research training for physicians preparing for academic careers. On completion of training, all residents are qualified for examinations by the American Board of Pathology.

The objective of the program is to provide residents with in-depth

training in all facets of modern diagnostic pathology and laboratory management. The program is intellectually intensive. Residents are expected to master both theoretical and practical material. A goal of the program is to train pathologists who will be competitive for outstanding positions in either academic or community medical centers and who have the requisite training to assume a leadership role in their profession.

The first-year post-M.D. program accepts three trainees. They spend nine months on autopsies and three months on surgicals. In the second year, the majority of time is on surgicals and cytology and the minority is on autopsies. Throughout this training period, the resident attends daily departmental conferences where active cases are presented either to the chairman or vice-chairman of the department, additional staff members, house staff and medical students. In addition, the resident attends a broad spectrum of specialty conferences, tumor conferences, clinicopathological conferences (CPC's) and grand rounds. The resident has the option of participating in the teaching of Rush medical students. Elective periods are offered in the first three years for concentrated study in selected areas or, in some instances, to initiate clinical pathology rotations. At the end of the second year, the resident may elect to enter the clinical pathology curriculum or continue in anatomic pathology. Those desiring CP accreditation spend two years

rotating through clinical chemistry, microbiology, hematology, immunology and the Blood Bank. Programs in these laboratories are individualized to the needs of the resident and include both didactic and service components.

Residents electing to pursue anatomic pathology exclusively select a research topic and begin investigative work under the supervision of senior investigators. Excellent research opportunities are offered within the Department of Pathology in electron microscopy, cytopathology, neuropathology, cancer biology and medical automation. Research-oriented residents are encouraged to attend basic science seminars and lectures, to take relevant course work for purposes of enrichment and to attend national meetings. Because the research laboratories are in close proximity to the service laboratories and the Library of Rush University, it is feasible to monitor the activities of the laboratory services while engaged in active research programs. This permits residents to study the material from a large number of interesting and unique cases throughout their training. In addition to the broad-based training offered at Rush-Presbyterian-St. Luke's Medical Center and Christ Hospital and Medical Center electives can be arranged at other Chicago institutions in forensic pathology and pediatric pathology.

Inquiries concerning the program should be directed to the chairman.

John W. Curtin, M.D., Chairman

A two-year graded training program in general plastic and reconstructive surgery is fully accredited by the Tripartite Conference Committee on Graduate Training sponsored by the American Medical Association, the American College of Surgeons, and the

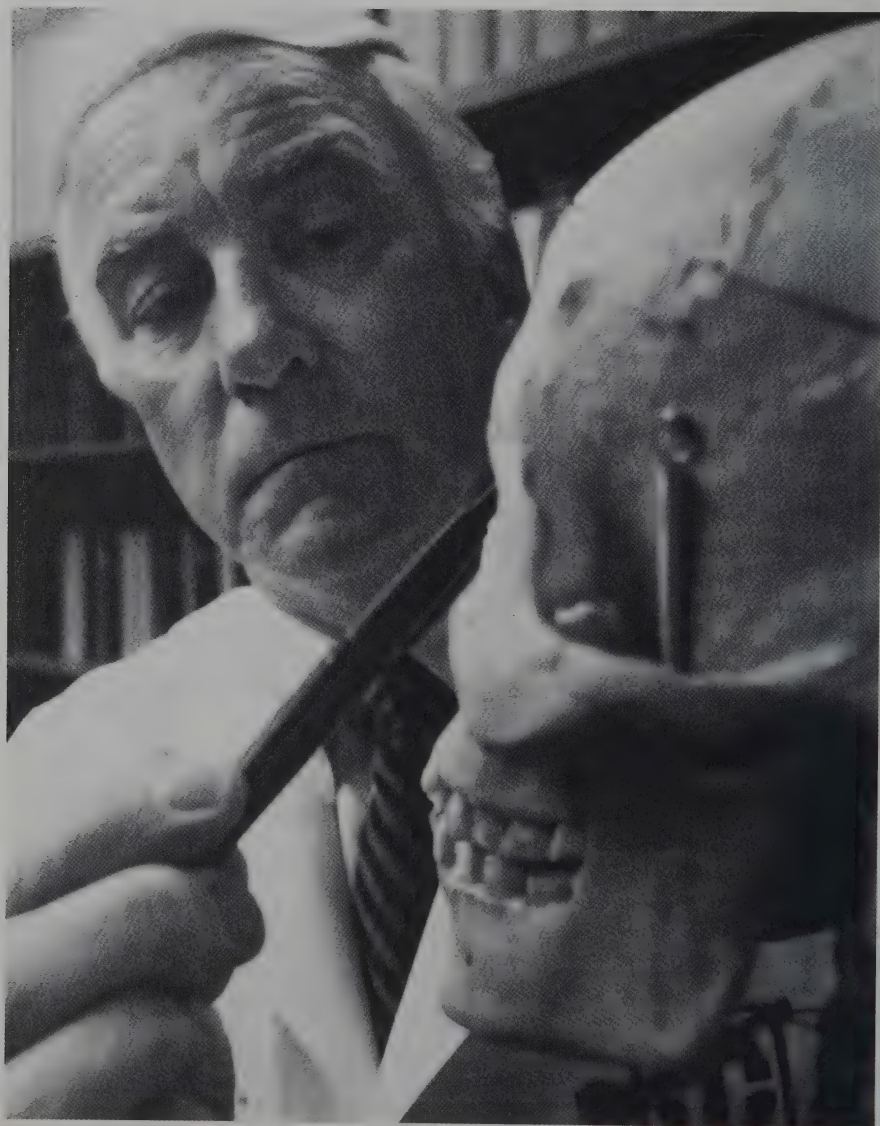
American Board of Plastic Surgery. To be considered for appointment, applicants must have completed a minimum of five years of acceptable training in general surgery to comply with the requirements of this service. Each year, one resident is selected to start training.

**Department of
Plastic and
Reconstructive
Surgery**

At present, an average of more than 1,500 plastic surgery patients are operated on annually at the Medical Center. Plastic surgery patients embrace a wide variety of ages and types. Bed privileges and special operative times are offered to residents, but all of the patients in the hospital are available for teaching purposes.

Residents will be trained in overall preoperative surgical diagnosis and care, surgical treatment, and postoperative care of patients amenable to treatment by plastic

surgery. Residents will gain more than adequate experience in the various methods of excisional and reparative surgery of the scalp, face, orbits, nose, oral cavity, neck, trunk and extremities, as well as experience in management of neoplasms of the head and neck, cosmetic surgery, facial trauma, surgery of the hand, burns, and congenital abnormalities of the extremities and genitalia. Cooperation with other disciplines (orthopedics, general surgery, genitourinary, gynecology, bron-



choesophagology, neurosurgery) allows exceptional experience in reconstruction of the esophagus, larynx, trachea, vagina and abdomen, and the repair of extensive encephalocele, myelomeningocele, and severe craniofacial deformities.

There is no routine rotation of plastic surgery residents to network hospitals at this time; however, future plastic surgical residents (those who at present are on the general surgical service) will rotate to the network hospitals for experience in trauma, burns and hand surgery. Plastic surgeons in network hospitals are encouraged to attend and participate in the weekly plastic surgical grand rounds at the Medical Center.

Residents are given ample opportunity to perform major procedures under the supervision of the attending staff. Increasing ability brings increased responsibility. To help the resident acquire skill and judgment in all phases of work, emphasis is being placed on personal instruction at the bedside, in the clinic, in the operating room, and in the pathology and anatomy laboratories. Active participation in research is mandatory. The program stresses participation in weekly grand rounds, tumor conferences, surgical research projects, hand seminars and journal reviews. The resident also spends time each week in private offices of the attending staff.

There is a separate hand clinic where acute and extensive reconstructive hand surgery cases are seen and operated upon (see hand surgery section). A large caseload of cleft lip, cleft palate and severe craniofacial anomalies are operated upon by the plastic surgical staff and residents at Presbyterian-St. Luke's Hospital. There is a close relationship with the Center for Craniofacial Anomalies at the University of Illinois Abraham

Lincoln School of Medicine, where more than 1,600 cases are seen each year.

Increased emphasis within the department is being given to microvascular surgery, both in the operating room and in the research laboratory. Both junior and senior residents are afforded the opportunity to attend major surgical meetings during the year. They are encouraged to present papers on their own or in conjunction with the attending staff. A resident will be given an appointment as instructor in the department for the entire training program.

Inquiries concerning the program should be directed to the chairman.

Section of

Hand Surgery

**Robert R. Schenck, M.D.,
Director**

The Section of Hand Surgery encompasses all facets of the care of the hand, including traumatic, reconstructive, congenital, rheumatoid and especially microsurgical applications needed in the more sophisticated aspects of hand reconstruction.

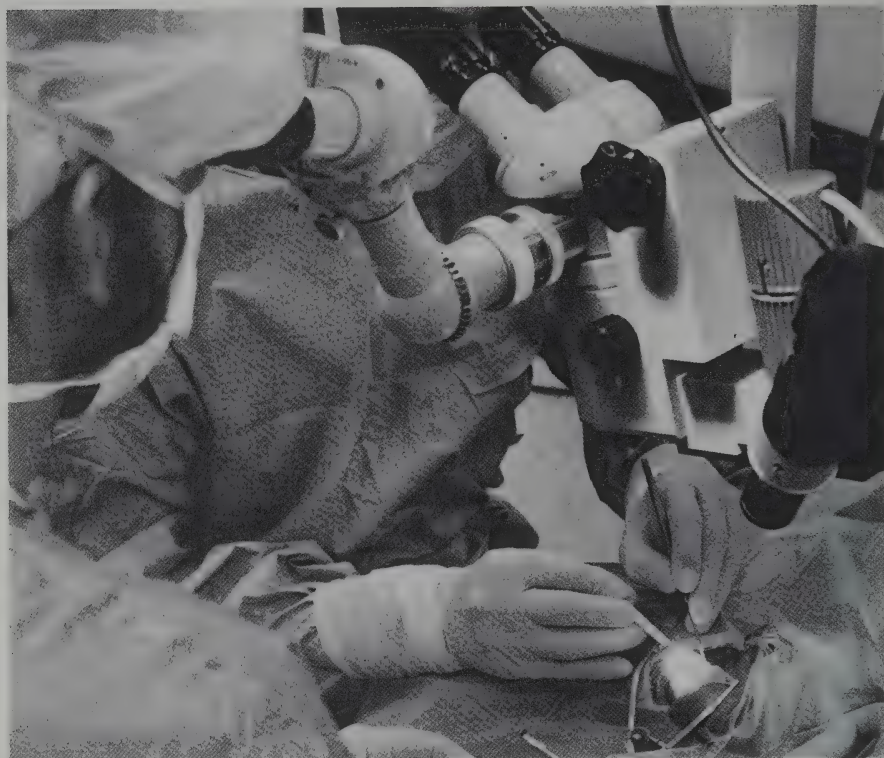
Dr. Schenck is assisted by hand surgery fellows who spend a year under his direction, and an orthopedic resident who does a three-month rotation. Their duties are not only clinical, in that they participate in the preoperative selection, operative treatment, and postoperative management in the office, but also education- and research-oriented as well. They participate in the monthly hand surgery conferences and monthly hand problem cases in orthopedic grand rounds.

A strong component of the Section of Hand Surgery involves the learning and refining of microsurgical techniques in the labora-

tory and application to research projects relating to improved methods of microvascular surgery. The laboratory is fully equipped with two operating microscopes

and staffed by a full-time technician.

Please direct inquiries to the director.



**Department of
Diagnostic
Radiology and
Nuclear
Medicine**

Richard E. Buenger, M.D.,
Chairman
Ernest W. Fordham, M.D., *Vice*
Chairman
Claire Smith, M.D., *Director,*
Postgraduate Radiology
Residency Training Program

The Department of Diagnostic Radiology and Nuclear Medicine offers four positions annually in a four-year residency program in diagnostic radiology which is accredited by the American Medical Association. Fifth-year fellowships are available in neuroradiology, combined computed tomography/ultrasound/magnetic resonance imaging (MRI) and nuclear medicine.

Beginning with the first year of training, the resident is responsi-

ble for the interpretation of all radiography and the performance of every special procedure in the department. Every film interpretation, however, is individually checked by an attending staff member of the appropriate section, and every special procedure is supervised throughout its duration by a specialty radiologist. Various degrees of responsibility are delegated during the training program.

There is a full-time staff of 22 radiologists. For administrative and teaching purposes, the department is divided into nine sections. Each section has a full-time director, and each member of the staff is assigned to one of the sections, which are:

Section of

General Radiology

Jerry P. Petasnick, M.D., Director

This section performs all radiographic examinations not specified under other sections, all emergency examinations, and the following special examinations: arthrography, mammography, lymphangiography, peripheral arteriography, and abdominal arteriography (other than genitourinary).

Section of

Ultrasound

Jason C. Birnholz, M.D., Director

This section performs examinations involving sectional imaging of the soft tissues of the body, including cardiovascular, abdominal and obstetrical examinations by ultrasound echo techniques.

Section of

Magnetic Resonance Imaging

David A. Turner, M.D., Director

This section has clinical and research responsibilities for assigning both brain and body CT scanning devices and computer facilities to those sections offering consultation in computed tomography. It also operates the MRI center.

Section of

Thoracic Radiology

Maurice L. Bogdonoff, M.D., Director

The chest radiology section is responsible for the interpretations of all standard frontal and lateral examinations of the chest as well as every chest study which is performed by portable technique.

The section is also responsible for the performance of all interventional procedures involving the chest. This includes needle biopsies under both fluoroscopic and CT guidance, drainage and aspiration of abscesses and fluid collections in the chest, pulmonary angiography, thoracic angiography, superior venacavography, chest fluoroscopy and bronchography. All examinations are performed by a resident with the supervision and assistance of an attending radiologist.

All members of the chest section are also responsible for the performance, supervision, and interpretation of all computed tomographic scans of the chest and mediastinum.

Section of

Gastrointestinal Radiology

Richard Gardiner, M.D., Director

Plain and contrast-enhanced radiographic and fluoroscopic studies of the abdomen and gastrointestinal tract, the gall bladder and biliary system, and the pancreas are performed in this section. Methods include routine bi-phasic examination of the upper alimentary tract and double contrast examinations of the colon whenever possible. Enteroclysis studies of the small bowel are selectively performed.

Section of

Urologic Radiology

Suresh K. Patel, M.D., Director

This section performs vaginography, angioplasty on renal arteries, percutaneous kidney and ureteral stone extraction, percutaneous nephrostomy, dilatation of ureteral and urethral strictures, workup of renal transplant patients, and routine renal and

adrenal arteriography and venous sampling.

Section of

Pediatric Radiology

H. Rex Gardner, M.D., Director

All routine and special radiographic procedures on children, with the exception of neuroradiologic and arteriographic studies, are performed in this section.

Section of

Neuroradiology

Michael S. Huckman, M.D., Director

This section is responsible for the following examinations: plain skull radiography, myelography, all head and neck arteriography and venography, ventriculography, pneumoencephalography, and cranial and spinal CT and magnetic resonance imaging.

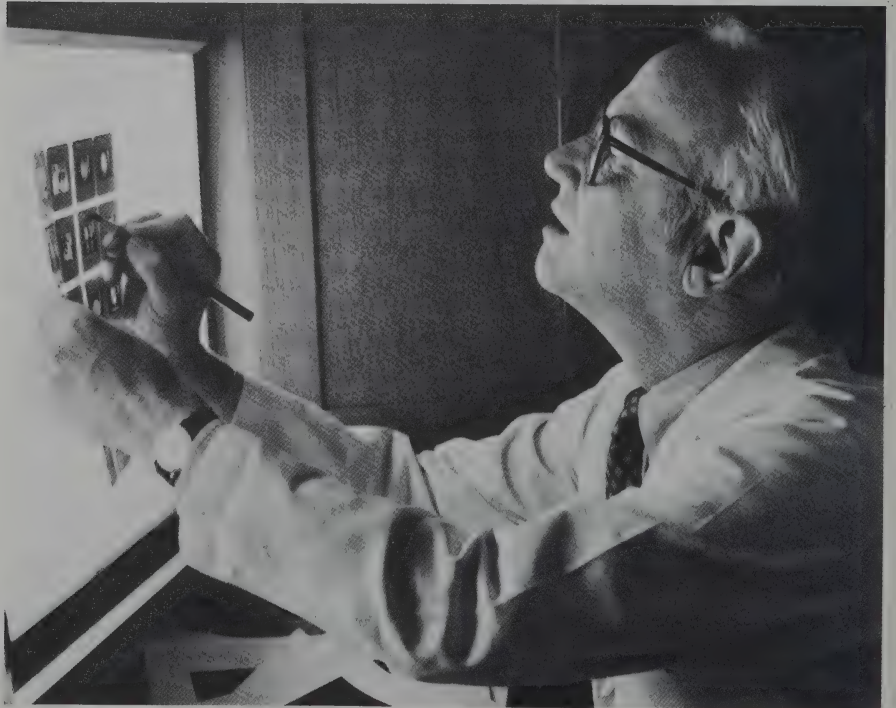
Section of

Nuclear Medicine

Ernest W. Fordham, M.D., Director

The Section of Nuclear Medicine offers a two-year residency in nuclear medicine. Applicants must have completed two years of previous training in internal medicine, radiology, pathology or a combination of these. The residency program is accredited by the American Medical Association. Upon completion of the program, trainees are qualified to take the nuclear medicine board examination.

During the two-year program, trainees rotate through endocrinology, immunology and special hematology for experience in in vitro studies. Special emphasis is placed on the correlation of imaging studies. Trainees are offered optional rotations in CT and ultrasonography.



The section also offers a one-year fellowship in nuclear medicine to applicants who have completed a diagnostic radiology residency. This program qualifies trainees for the special radiology board recognizing exceptional competence in nuclear medicine.

The major educational activity of the Section of Nuclear Medicine is the daily informal case reporting conference in which trainees actively participate in the wide ranging discussions which lead to generation of the final formal report. The formal didactic clinical lecture series includes speakers from other institutions. The lecture series covering radio-pharmaceuticals and pertinent physical sciences are taught by a radiochemist and physicists.

Approximately 12,000 imaging procedures are performed annually on a wide range of modern imaging equipment including tomographic scanners (adapted for positron imaging), scintillation cameras up to 21 inches in diameter, and portable cameras with computer capability for dynamic cardiac studies.

Major interests of the section include (a) the graphic demonstration of the whole body distribution of radionuclides including those primarily used for specific organ imaging, (b) continued evaluation of the application of the computer-assisted, dynamic cardiac studies (including phase analysis) and their effectiveness, and (c) collaboration with Argonne and Brookhaven National Laboratories in the evaluation of cyclotron-produced radionuclides, particularly Fe^{52} for hemopoietic marrow imaging. The section has also been very active in the clinical evaluation of commercial prototype equipment.

Trainees are actively encouraged to undertake primary responsibility for their own research projects and/or participate in ongoing departmental projects.

Trainees usually attend one out-of-town meeting at departmental expense.

Inquiries concerning these programs should be directed to the section director.

The Department of Diagnostic Radiology and Nuclear Medicine provides consultation for well over 130,000 patient examinations each year. The department encompasses a space of 45,000 square feet. All of the routine radiographic work is displayed daily within each subspecialty section for interpretation, consultation and teaching. Special display areas are also located in other areas of the Medical Center. Out-patients of private physicians are examined in private radiologic offices in the Professional Building located across from the hospital. The radiology department of Sheridan Road Hospital is also operated by the staff of the Department of Radiology. Radiology residents receive their training at Rush-Presbyterian-St. Luke's Medical Center.

Modern equipment is provided for all standard radiographic examinations, and for special procedures such as magnification radiography, and mammography. Fluoroscopy of the gastrointestinal tract is remotely controlled, amplified and televised. There are seven laminographic devices.

Three rooms contain biplaned serial filming of the highest technical capabilities for angiography, bronchography, myelography, cholangiography, percutaneous biopsy and digital subtraction angiography.

Two precision, multidirectional tomographic rooms are reserved for tomography of the temporal bone, spine and chest and other areas of the body requiring special accuracy. A special section houses three scanning devices, computers and technical staff devoted to computed tomography of the brain and body.

Department of Therapeutic Radiology

Fluoroscopic equipment is available for surgical procedures. Coronary arteriography is routinely performed by the Section of Cardiorespiratory Diseases, Department of Medicine.

A 6,000 square foot section housing a 5 kilogauss super conductive magnet conducts research and clinical care in Magnetic Resonance Imaging (MRI). The facility contains its own display center, conference room and research space.

There are daily conferences within each section. Each week, radiology grand rounds are held. The department also provides radiologic consultation at various hospital-wide conferences, medical grand rounds, surgical grand rounds, pediatric grand rounds, clinical pathological conference and semi-weekly autopsy conferences.

All diagnostic radiologists and residents are urged to attend the

***Frank R. Hendrickson, M.D.,
Chairman and Director,
Section of Radiation Oncology***

The department offers a four-year program leading to qualification for the American Board of Radiology examination in therapeutic radiology, with another year of special training in therapeutic radiology for those desiring such augmentation of previous experience. The program accommodates two residents at each yearly level. The residency program is accredited by the American Medical Association and the American Board of Radiology. Board-eligibility requirements are three years of training in therapeutic radiology and successful passing of a written examination. If successful on the written examination, the oral examination is taken one year later.

The Woman's Board Cancer Treatment Center is now the home of the integrated department and

scientific meetings of the Chicago Radiologic Society, held six times a year. Time is made available for all residents to attend refresher courses at the annual convention of the Radiological Society of North America when it is held in Chicago.

Each section maintains its own collection of teaching material. The Fay H. Squire Memorial Radiological Library is located within the department. The American College of Radiology teaching file is kept locked and available to residents only in the on-site departmental conference room.

Applicants for the four-year program are accepted after a clinical year through the Radiology Residency Training Program.

Inquiries regarding the program should be directed to Claire Smith, M.D., Director, Postgraduate Radiology Residency Training Program.

its sections of radiation oncology, medical physics and radiation biology. Twenty-five thousand square feet contain three major treatment machines, a hyperthermia unit, examining rooms, special procedure rooms, conference rooms, offices and basic research laboratories. The radium laboratory contains 750 milligrams of radium or isotope equivalent for clinical use. An electronics shop provides maintenance, design, and production of special equipment.

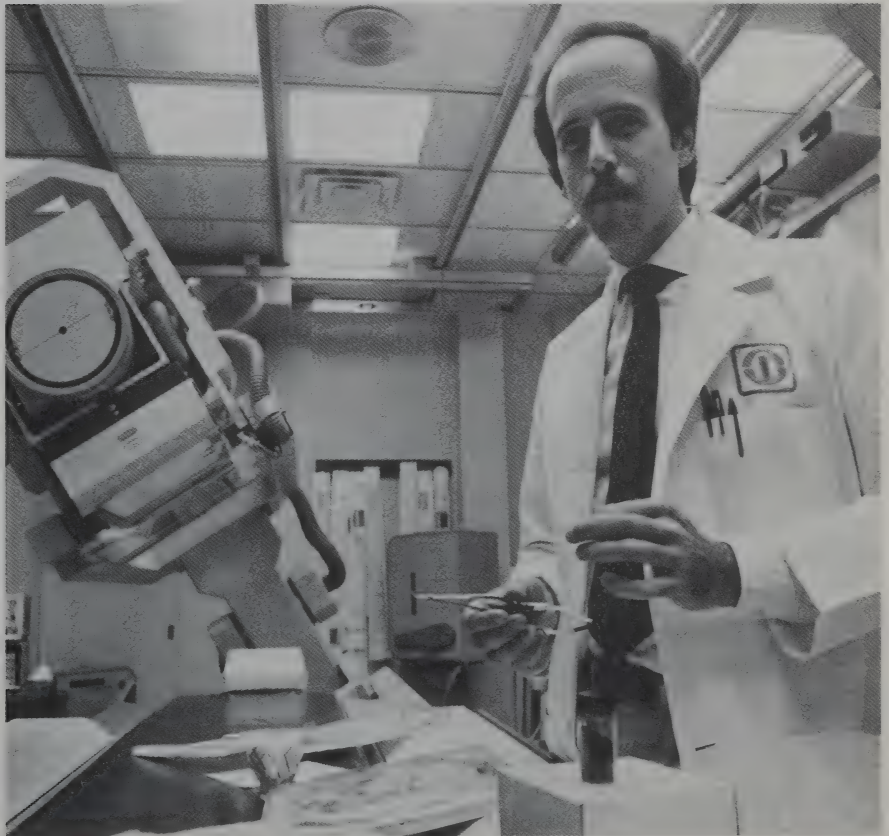
Rush-Presbyterian-St. Luke's Medical Center registers more than 1,600 new cancer patients a year and more than half receive some form of radiotherapy. There are more than 15,000 treatment visits and 3,000 follow-up visits a year. All patients are seen initially by the radiotherapy house staff, with preliminary evaluation and treatment planning before finalization of the treatment program with the attending staff. The train-

ing program is basically related to patient problems. Assignment of all new patients is made for evaluation and treatment planning. Plans for all new patients and any problem patients are reviewed daily with the department's attending and resident staffs. Daily treatment and follow-up is performed in conjunction with the attending staff. Adequate opportunity is present to ensure development of proficiency in all necessary external treatment and implant modalities. Approximately one-fourth of the training period is devoted to radium and isotope training.

Patients are admitted directly to the radiation therapy service, and operating room privileges and priority are assigned for radiotherapeutic operating procedures. Community hospitals within the Rush clinical network permit rota-

tion and experience with the problems of community hospital practice. Residents have rotations in nuclear medicine, medical oncology, and medical physics, and have rotations on services within the department as part of their training. The department has an integrated residency program with Christ Hospital and Medical Center. House officers are recruited to the Rush department with elective rotations to major radiotherapy departments within the network. The department is involved in joint conferences on lymphoma, breast, head and neck, and medical oncology, and sponsors a weekly radiation therapy conference with guest speakers from inside and outside the institution.

There is an active clinical and basic research program in the areas of preoperative radiotherapy, combined chemotherapy and



radiotherapy, and optimum fractionation and protraction. The National Institutes of Health, the American Cancer Society, and local institutional funds provide financial support. Active participation in these programs by residents and fellows is strongly encouraged. Opportunities for independent investigation are available.

Medical students from Rush and other schools who rotate through the department offer stimulus as well as a teaching challenge. In addition, first-year residents from surgery have an elective one-month rotation in therapeutic radiology.

Inquiries concerning the program should be addressed to the chairman.

Section of

Medical Physics

***Anthony Chung-Bin, Ph.D.,
Director***

The Section of Medical Physics provides service and instruction to the entire Medical Center. Its general objectives are to improve methods of disease detection, to plan and measure radiation dosage, to design new apparatus, and to protect the patient, the worker, and the public by assessing the radiation levels of the environment. These objectives are achieved through the application of physical science and engineering.

The faculty of the Section of Medical Physics of the Department of Therapeutic Radiology, together with the faculty of the Section of Medical Physics of the Department of Related Health Programs of the College of Health Sciences, are responsible for teaching radiologic physics to residents and medical students in the Departments of Diagnostic Radiology and Nuclear Medicine and Therapeutic Radiology; they have also established, among

others, a series of credit courses which permit physicians to obtain the necessary training for licensure by the Nuclear Regulatory Commission. The courses cover: radiation physics and instrumentation, radiation protection, mathematics pertaining to the use and measurement of radioactivity, radiation biology and radiopharmaceutical chemistry.

Section of

Radiation Biology

***Wayne R. Hanson, Ph.D.,
Director***

The research section of therapeutic radiology is involved in several projects designed to investigate the mechanisms of the alteration of radiation injury. These investigations involve neutrons generated at Fermilab and at Argonne National Laboratory as well as photons produced at the Medical Center. The mechanisms of changes in cellular and tissue radiosensitivity may be useful in altering the therapeutic ratio and increasing the effectiveness of radiation as a treatment of cancer. A formal course in radiobiology is offered each year in the winter term designed to acquaint students with the fundamentals of the interaction of ionizing radiation with living organisms. The staff of the section also provides lectures on radiation effects to the graduate nursing oncology program each year. Residents in therapeutic radiology have a three-month rotation through the laboratory to become familiar with laboratory procedures involved in the research program. The combination of course work and the active participation in ongoing research activities provides the residents with both established concepts and current views in the field of radiobiology as applied to radiation therapy.

Department of Urology

Charles F. McKiel, Jr., M.D., Chairman

The Department of Urology offers a five-year residency program with rotation to Children's Memorial Hospital for pediatric experience. This educational experience is approved for certification by the American Board of Urology. The residency program is fully accredited by the Residency Review Committee in Urology and the Accreditation Council on Graduate Medical Education.

The first two years of residency training are devoted to nephrology, oncology, radiology, infectious diseases, general surgery, renal transplantation or other specially requested programs approved by the residency chairman. The resident is under the direction of the department through which he/she is rotating. This allows the resident to have a firm foundation when clinical training is begun in the third year of residency. The resident will have at least 12 months of general surgery within two years.

During the third year the resident has the option of a six-month rotation at Cook County Hospital which provides additional experience in trauma and outpatient clinics. The resident is instructed in the performance of cystoscopy and the various special diagnostic techniques that are the backbone of the specialty, and gains wide experience in urologic surgery, usually as first or second assistant.

The third-year resident has wide and primary responsibilities in patient care, but is encouraged to conduct some research in association with a member of the staff in the urology research laboratory. Such research may be continued in future years.

The fourth-year resident assumes increasing responsibility for the inpatient service at Presbyterian-St. Luke's Hospital. During the fourth year, the resi-

dent performs major urologic surgery under close supervision and begins his/her transurethral experience.

The rotation in pediatric urology is available at Children's Memorial Hospital. These three months are April, May and June.

In the fifth year, the senior resident is also in charge of all conferences and delegates responsibility for education, patient care and research as seen fit. Although attending urologists are always available for counsel and assistance, the senior resident is encouraged to pursue a vigorous and self-reliant course of patient care and teaching.

All patients admitted to the service are available for teaching, and clinical experience encompasses a broad scope of problems including infertility, tumor surgery, stone disease with percutaneous ureteroscopy and extracorporeal shock wave lithotripsy experience, obstructive diseases of the urinary tract, microsurgery and prosthesis (urinary and penile).

Active teaching clinics are conducted in private outpatient offices located in the Professional Building. The department sees approximately 3,883 patients per year, 92 percent of whom are adults and eight percent children. Currently there is an average of 4,800 surgical procedures including transurethral resections.

All residents are required to attend the two-hour weekly teaching conference held at Rush Medical College. Individual conferences also are held at Rush Medical College as well as at other institutions. The resident is required to participate in and attend those conferences in the institution through which he/she is rotating. The Journal Club meets twice a month. Chairman's rounds are held weekly. Morbidity and mortality conferences are held monthly.

All residents are required to participate in the Chicago Urological Society meetings. The society meets regularly during the winter months. Out-of-town speakers are regularly invited to give

special rounds. These may deal with new research, new surgical or diagnostic techniques or new concepts in treatment.

All residency inquiries should be directed to the chairman.



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Director, Research Admini-
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William C. Wagner, Ph.D.
Associate Dean, Student
Services
Joe B. Swihart, M.S.Ed.
Registrar
Marnie Paul, M.A.
Director, University Studies

Phyllis J. Peterson, M.Ed.
Director, College Admissions
Services and Director, Affili-
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Marilyn A. Johnson, Ph.D.
Director, Student Counseling
Center
Robert A. Dame, M.B.A., M.A.
Director, Student Financial Aid
Ann Bartolotta, M.S.
Director, Student Affairs
Paola Di Domenico
Manager, Financial Affairs
Beverly B. Huckman
Equal Opportunity Coordinator
for Academic Affairs

Rush Medical College

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Dean, Rush Medical College
L. Penfield Faber, M.D.
Associate Dean, Surgical
Sciences and Services and
Associate Vice President,
Medical Affairs
Walter Fried, M.D.
Associate Dean, Medical
Sciences and Services and
Associate Vice President,
Medical Affairs
Gerald S. Gotterer, M.D., Ph.D.
Associate Dean, Medical
Student Programs
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Curriculum
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Assistant Dean, Office of
Medical Student Programs
Colin Morley, Ph.D.
Assistant Dean, Preclinical
Curriculum
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Assistant Dean, Academic
Counseling
Ronald H. Whitaker, M.S.
Assistant Vice President,
Medical Affairs and Assistant
to the Dean, Rush Medical
College

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Dean, College of Nursing
Janet S. Moore, Ph.D.
Associate Dean and Associate
Vice President
Julia Quiring, Ph.D.
Director, Graduate Programs
Judith Jezek, Ed.D.
Director, Undergraduate
Program
Jane Ulsafer-Van Lanen, M.S.
Director, Continuing Education

College of Health Sciences

John E. Trufant, Ed.D.
Dean, College of Health
Sciences

The Graduate College

John E. Trufant, Ed.D.
Dean, The Graduate College

Accreditations

Joint Commission on
Accreditation of Hospitals
Accreditation Council on Graduate
Medical Education
Liaison Committee on Medical
Education
National League for Nursing
Council on Accreditation of
Education Programs for Nurse
Anesthetists
American Medical Association's
Committee on Allied Health
Education and Accreditation
(medical technology, occupa-
tional therapy)
Accrediting Commission of
Education for Health Services
Administration
Association for Clinical Pastoral
Education

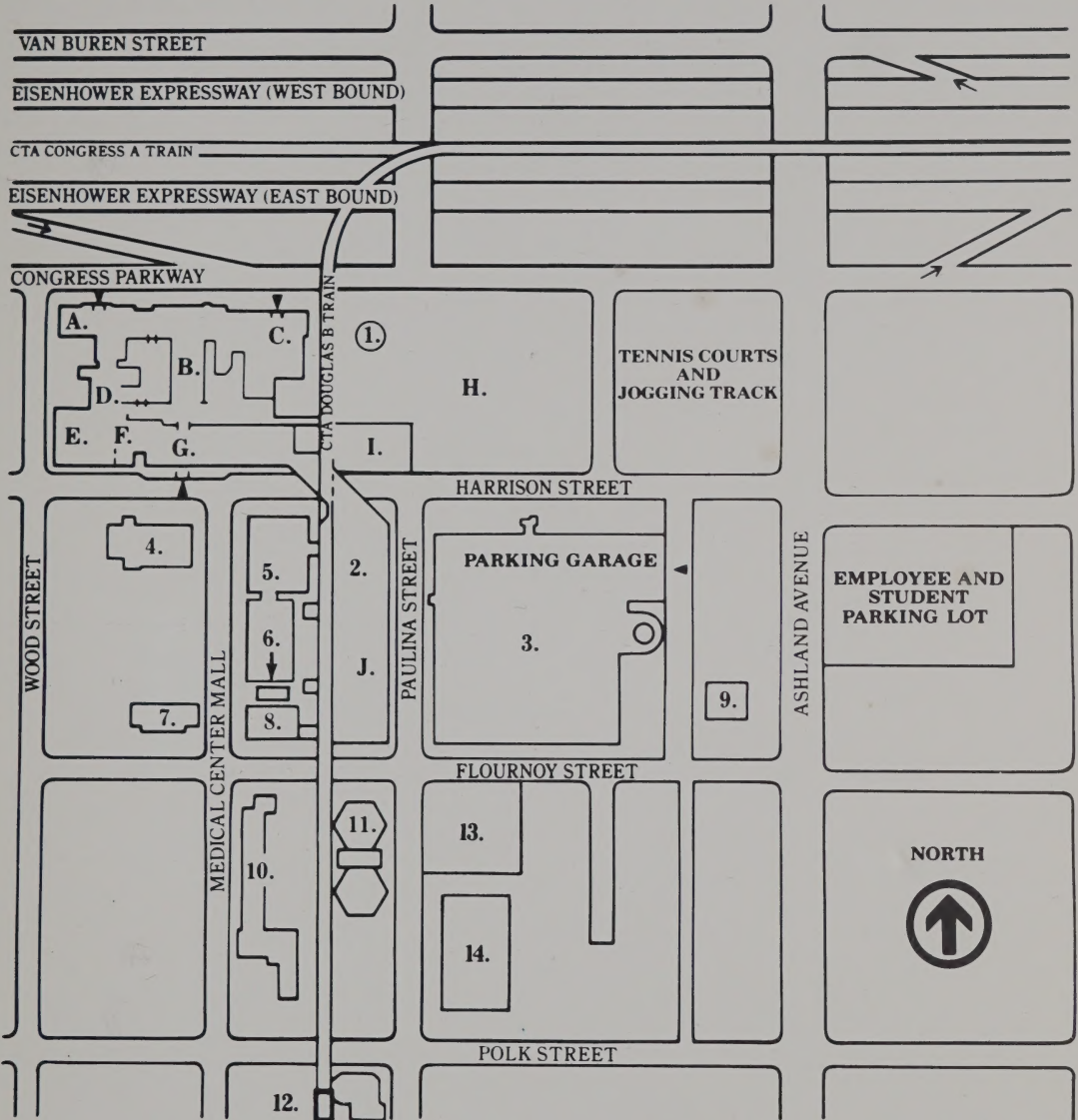
Licenses

Department of Public Health,
State of Illinois
Cook County Board of Health

Memberships

American Hospital Association
Blue Cross/Blue Shield Health
Care Service Corporation
Illinois Hospital Association
Chicago Hospital Council
Association of American Medical
Colleges
American Association of
Colleges of Nursing

**Rush-Presbyterian-St. Luke's
Medical Center
Rush University Campus**



- ①. Presbyterian-St. Luke's Hospital
 - A. Jones
 - B. Pavilion
 - C. Kellogg Pavilion
 - D. Murdock
 - E. Rawson
 - F. Senn
 - G. Jelke SouthCenter
 - H. Atrium Building
 - I. Woman's Board Cancer Treatment Center

2. Academic Facility
 - J. Employee and Student Cafeteria

3. Parking Garage
4. Schweppe-Sprague Hall
5. Professional Building
6. Parcourse Fitness Cluster
7. Kidston Apartments
8. McCormick Apartments
9. Laurance Armour Day School
10. Marshall Field IV Mental Health Center
11. Johnston R. Bowman Health Center for the Elderly
12. Polk Street Station, CTA
13. Basketball/Volleyball Courts
14. Human Resources Center for Employee Development

